

The Public Health Nurse Quarterly

VOL. VI.

APRIL, 1914

No. 2



Editorials

I.

The Coming Conference of National Nursing Organizations

All the National nursing organizations are to meet in conference in St. Louis from April 22 to 27. The importance of this meeting can only be estimated by remembering the effects of last year's conference at Atlantic City. Human energy and human activity seem to spread like a conflagration when supplied with the needful contact of personalities and the medium of emotion which groups of people generate. We must take to this Congress our problems and help others in the solution of problems which are brought from other parts of the country. In a true sense the Conference must be made an exchange of purposes, plans and hopes for effective work to be done during the coming year as well as an occasion of thanksgiving for results already obtained.

II.

The Responsibility of Our Associate Members in Respect to a Professional Standard for Nursing

Since Public Health Nurses are drawn from the ranks of Hospital Graduates and since their proficiency in the care of the sick will always be conditioned by the kind of education they receive in the training school, it seems very important that the National Organization for Public Health Nursing should endeavor to interest all of its members, both active and associate, in the fight which in so many States is now being waged for State registration of nurses. It surely will be of value to this movement if our large and influential membership makes for itself a reasonable body of opinion on this important subject.

For a long time this fight for a recognized standard in nursing has been carried on by such members of the nursing profession as have been willing to sacrifice time, money and a degree of popular good will in order to urge upon State Legislatures the importance of authoritative action in this matter. Certain physicians of national repute as well as groups of laymen have stood with these nurses in their demand for a definition and a protection of standard but on the whole their allies have been few and their own struggle hard and prolonged.

Among the most recent attempts to define the meaning of the word nurse and to protect the exercise of skilled nursing is the proposed amendment to the Public Health law in the State of New York. The following extract from a synopsis of this amendment defines it thus:

"To practice as a nurse within the meaning of this article shall include the care of the sick or injured as a nurse or registered nurse is restricted to graduates of schools approved by the Regents but "The provisions hereof shall not prevent or prohibit the performance of service either with or without compensation in caring for the sick or in-

jured by any person as a trained attendant or in any manner other than as a nurse or registered nurse.

Schools not approved by the State Education Department may train attendants but not nurses and may not issue a diploma, certificate or other written instrument indicating that such person is entitled to practice as a nurse.

A waiver will provide for the registration of all who are now engaged in nursing without examination, except for the practical nurses who have had less than five years experience, such nurses being required to pass a practical examination only, this waiver to be in effect for three years from the passage of this Act."

The protest which has been called forth by this attempt to define and to protect a professional standard for nursing in New York State finds, we think, its chief strength in the lack of reliable information possessed by the general public concerning nursing. With the formation of lay organizations for the nursing care of the sick in their homes, the founding of social dispensaries for the reduction of preventable disease and the establishment of social service departments in hospitals, an increasingly large number of laymen have been drawn into the concerns affecting public welfare.

With work done in common, a common responsibility for the quality of such work must be accepted and resolutely carried. Therefore, we recommend to the especial notice of our lay members such sessions of the coming Conference as particularly concern Hospital Training Schools and a professional standard for nursing. We must add that registration of nurses now obtains in forty States and that the nursing profession has fought so valiant a fight alone that it ought to be a great pleasure to inform ourselves thoroughly as to the justice of its claims and the value of its achievements.

III.

“To Push while the Family Pulls”

From Miss Katherine Hardwick's very able paper in this issue of the Quarterly we have taken this happy phrase which seems to embody the essence of social helpfulness to our neighbor. Indeed it gives wings to our feet and enthusiasm to our inclination. To draw the family steadily in good times and to drag it patiently over the rougher places is the less pleasant task of purely remedial measures. But to push while the family pulls sets free all kinds of joyous hopes and thoughts, many more of which find justification in our daily experience than we always give thanks for. We commend to the very especial attention of all those who believe in a winning fight "Where Nurse and District Secretary Meet."

Rural Sanitation

BERNARD J. NEWMAN

The part health plays in human efficiency is generally acknowledged. As a rule the unwell are economically handicapped. Whether they expend mental energy only and are paid for their ideas, or whether they add to it muscular energy and are paid for their mechanical output, their worth is governed by their health plus natural ability.

In the maintenance of such health the home environment plays an important part. Certain sanitary requirements are absolutely essential to a healthy home. Among these are pure air, thorough ventilation, ample sunlight, clean water, adequate drainage and waste removal, freedom from dampness, clean housekeeping, with humidity and temperature at a point where the fatigued body after a hard day's toil may be able to let down from its strain and rest.

Many areas used for human habitation and many houses do not have these requirements. It makes little difference whether the areas are in town or country, both have their blights of insanitation. It has been known for some years that given sections of our larger cities have not dealt leniently with those who have inhabited them. It has not been so generally known that community neglect, overcrowding, bad ventilation, poor light, foul surroundings, often magnified by filth accumulations, can be found in rural districts.

In many respects the city has a decided advantage over the country in maintaining a healthy environment. Greater wealth is concentrated in a more compact locality. Money is available for needed improvements. Such sanitary problems as arise are largely due to human negligence and community miserliness. On the other hand, rural districts are sparsely populated. The pro rata expense for sanitation is higher. Often the soil is water soaked, low lands are

swampy and natural drainage is poor. Again, the buildings erected at an earlier period represent a large capital value to their occupants when compared with the available funds to replace them. As likely as not such buildings occupy low ground and are of stone construction, therefore it is exceedingly difficult to make them even approximately damp proof. Leaving aside the question of the tenants' responsibility for unsanitary conditions, many rural homes are handicapped by these defects of location. Yet to the uninitiated the assertion that the slum has invaded the country village and farm comes with a decidedly novel shock.

Perhaps the unwillingness to accept such an assertion is attributable to the prevalent belief that the slum is the product of the congestion of population in the neglected quarters of the city. To the general public the unsanitary features associated with the word, suggest also racial groups of low economic standing, usually "foreigners."

This definition of a slum is crude. It would be more nearly accurate to define it as an area where the deterioration of property or environment is merged with deteriorated humanity and the product assaults health, morals and economic efficiency.

This definition is at once accurate and comprehensive; accurate in the sense that it confines its terms of definition to facts, and comprehensive in that it permits the application of the term either to rural or urban conditions. It is an innovation, however, in that it creates a standard of social measurement heretofore applied only to cities and applies it to rural life and, by so applying it, demonstrates that the rural environment often is sub-normal.

It may come with a sense of newness to some when told that the slum is indigenous to the farm as well as to the city. Nevertheless, rural conditions warrant such a statement. It ought not to be so. There is more open space, an absence of land overcrowding, and people do not, for mercenary purposes, corral each others air and sun-

shine. Yet, even with these natural aids, unsanitary conditions have grown apace till many a farm house and, in the town, many a district stands in need of sanitary supervision and overhauling. There is this difference, however, in the city conditions below par are usually grouped in a given neighborhood. Even the careless sight-seer cannot be blind to them because they are so prominent. But in the rural areas, where there is more spreading out, like defects are seldom grouped in a conspicuous manner. Occasionally they are, and then they show; but as a rule they are isolated, or are made up of evils that, like ancient landmarks, are inconspicuous because of their familiarity.

Of those that do manifest themselves more frequently in the rural districts, in addition to the defects inherent in the locality, the chief offenders are buildings ill adapted for occupancy purposes, either because they were not built properly in the first place in that, as labor camps, they were intended for a transient use, or because they are serving different purposes from those for which they were originally designed, as old factories, inns or frayed mansions, now converted into tenements. Not infrequently the structurally unsound building is still found occupied. Its decrepit old age, under a coat of paint, deceives the tenant as to its unsanitary character. Defects of ventilation, drainage and water supply and housekeeping also appear. Even in houses otherwise satisfactory, where the proverbial housekeeping drudge has worn the sharp points of the pine slivers smooth by frequent scrubbing, the close-shuttered front parlor produces the evils of dark quarters found in city apartments where illegally unbroken walls cause windowless rooms. Often a slovenly housewife, with slatternly housekeeping, afflicts her household with the accumulations of dirt and filth just as offensively in the small town as in the city, while unsanitary outdoor closets are even more prevalent in the former than in the latter. Surface drainage also is the rule, broken only by the exceptional house where plumbing fixtures and exterior drains lead to yard cess-pools.

Rural houses, especially on farms, have been found with neither inside nor outside toilet accommodations. Dr. Stiles of the United States Public Health Service, says that 57 per cent of 3369 farms scattered over 6 states were found to be without toilet equipment of any kind, the tenants polluting the surface of the soil around the farm house and out-buildings. Indeed, in many of the villages and even more sparsely populated areas, the vaults when dug are not made tight, simply holes in the earth, at times near the house, then again near the vegetable garden. These holes are seldom cleaned. When filled, they are surfaced with fresh earth. In some cases the compartment is equipped with a soil box which, when full, is dragged to the garden and the raw contents used as a fertilizer.

Over wide stretches, rural sanitation has been neglected. Few precautions have been taken and few conveniences are at hand to safeguard human life and to meet human needs, and because sanitary supervision is nil, medical aid widely scattered, and roads poor, the evil consequences of such neglect is manifest. While the mortality of such districts is not high compared with urban slums, yet the ratio of fatality of cases when occurring is high.

It was in the beautiful suburban town of Bryn Mawr that a housing investigator discovered an old hotel, formerly a fashionable stopping place which sheltered many a way-farer of note, whose 49 rooms were occupied by 29 families. Its roof leaked, its walls were flaked, its stairs rickety and its halls and yards filthy. Family life was promiscuous. Wives of a time came and went, rooms were overcrowded and vermin covered piles of rags on the floors served as beds. Even the old stable was "renovated" and used as living quarters for 9 families. The stalls below some apartments served as improvised privy vaults. Farther out, in Wayne, along the same exclusive line of suburban towns, workingmen lived huddled in shacks that never knew a builders' craftsmanship but were put together by the tenants inhabiting them, or by their predecessors in the army of

itinerants who come and go in such areas. Here, huddled on less than half an acre of ground, 35 small huts were found, each scarcely more than ten feet square, one room deep and one story high. Some few huts had more dignity and counted two rooms and a porch. On the same area was a long row of two story houses of two rooms each, badly overcrowded. For this area, with its large population, two vaults served as toilets and one spigot supplied drinking water. The land was fairly high so that the natural drainage helped somewhat.

In the outskirts of many a little town, along the railroads where construction camps have been, or near abandoned quarries, the unsanitary huts that served the needs of temporary camp life now give shelter to a more shiftless yet permanent type of tenants. It makes little difference where the town is situated, if it has a history of any age, it has shacks peopled by subnormal people.

Even in the more rural sections, the tenant farmers are inadequately housed. One of the most baneful evils with which the agricultural interests of the land have to deal today comes from the dwellings used by the tenant farming class. So true is this that the Department of Agriculture, through the Office of Farm Management, is undertaking a publicity campaign and drafting plans to raise the housing standard of tenant farmers. This program is justified on the ground that the great increase of such tenants—324,000 in the last decade—and the inefficiency produced by their poor homes and home surroundings, requires the innovation. Though late in coming to the conclusion, the national government is at last recognizing that improvement of live stock and scientific effort to increase fertility of soils is insufficient, if those who are to till the soil are not also given the advantage of the latest benefits of science for the protection of their health. Hence these plans for a tenant farmhouse that will simplify household drudgery, eliminate surrounding insanitation and substitute an attractive outlook for a filthy one.

It must be borne in mind that in rural areas the responsibility thrust upon the individual resident is greater than in the more closely built up cities. In the former, the Board of Health is an insignificant factor in the health work of the community. Inspection service, checking the development of insanitation, educating or punishing the violators of sanitary laws, practically amounts to nothing. Every man has to apply his own knowledge, securing for himself and dependents the environment his intelligence dictates. It must be remembered also that communal sanitation is of slow growth. It has been forced upon our cities because of the vision of the few and their insistence that their vision be made real. There is less homogeneity in the rural district, the sense of individual liberty is greater, the responsibility for the welfare of the neighbor less strongly emphasized. This is evidenced by the very freedom with which the typhoid, or tuberculosis, or the diphtheria carrier will mingle among his fellows, spreading his ailment to those whose vitality is below par. Life in the open is more individualistic and practices outlawed in most cities are here often unchecked either by the individual's own conscience or by community laws. Proof of the accuracy of this analysis is shown, first, in the failure to safeguard the water supply from contamination and, second, in failure to safeguard the milk and food supply from infection.

In a majority of rural places, especially where animals are kept, it is customary to see the uncovered, stacked stable manure in close proximity to the cow barn and the house. Even nearer at hand is the open privy. Nearby is either the outlet for the house drain, carrying off the waste water from the kitchen sink, or the slop track where the servant or housewife from her doorway throws away the dishwater. The pig pens are often nearby also, while the house garbage pail, uncovered, is near the kitchen door. All these adjuncts of the farm house are exposed. They are breeding places for maggots and flies and some for mosquitos. Some emit foul gases, which pollute the air. All are filth

centers and draw insects that later enter the house laden with the filth from which they rose, there to deposit on the food, the milk pans and bottles, and on the cooking dishes the filth and the disease germs that may be resident in such filth. The part the fly plays as a carrier of disease is too well known for further comment. It is a mischief maker, bringing into the house the evils of its environment, or carrying from the house again the even more virulent germs that may happen to be in the sick room of the typhoid, diphtheric or tuberculous victim found within. Little attention is paid to this most deadly of all germ carrying insects.

On the other hand equally as much the result of inattention and ignorance is the contamination of the water supply by seepage from the vault, cesspool, stable or other similar source of pollution. Almost universally the drinking water for the rural house is drawn from a well. Few are artesian, the majority penetrate scarcely more than the subsoil. These latter in loam, shale or limestone deposits have an extended area of possible contamination which is further increased if heavy drafts are made upon the amount of water withdrawn. The lowering of the supply in the well and the attendant lowering of the underground water sheet around the well extends the area of water soaked soil tapped. This means that factors normally considered too distant to cause harm are brought within the zone of supply and become dangerous.

If again the source of supply is a shallow well and is near an area through which a stream passes, another possible danger appears. The pollution of this stream from the cities along its banks, pollutes the soil and the sub-surface ground water within seepage distance of its line of flow. Under such conditions there is no assurance that the water supply is pure or that its purity on a test is a constant quantity. Frequent tests alone can safeguard those who use it against possible infection. If this stream flows through meadows yearly spread with fertilizer or manures from the compost pile, the danger is increased. Dr. North

has reported one study of farm wells where 60 per cent were found to contain sewage bacteria.

In many instances the pollution of the shallow well is due to the inflow of surface filth. Defective wooden flooring surrounds the pump. Upon this and about it the chickens from the barn yard track dirt. Upon it also the laborer walks with his filth covered boots. Then the housewife pumps the water she needs and permits the overflow to wash the platform filth back into the well. Even rain washes similar filth from the surrounding surface beneath the floor covering and into the water below. In one large farming district within the city limits of Philadelphia where manure is heaped high around the pig yards, many of the properties have wells driven into the subsoil. The drinking water has a peculiar taste but it is cold. This peculiarity of taste combined with its coldness has given it favor with the farmers. The very evident contamination does not seem to trouble them.

None of the foregoing evils is necessary nor need they be tolerated on the score that it is expensive to remove them. The swampy pools only require draining or if this is not feasible surfacing with kerosene. Mosquitoes can neither live nor breed on pools thus covered with oil. The work attendant upon such is little and the expense slight.

Moreover the other unsanitary conditions previously mentioned can be as easily corrected. By removing the manure pile further from the house, enclosing and screening it, the fly cannot enter to breed. When it cannot be so safeguarded, it can be treated with chloride of lime and made an undesirable place for the fly to deposit its eggs. By removing the pig pens from close proximity to the house, by cleansing them regularly and often, by covering the house garbage pail, by fumigating damp cellars, by maintaining cleanliness in and about the house, both flies and mosquitos will be discouraged from multiplying.

When it is the problem of the privy vault that requires attention, the program may be more expensive but the

necessity to carry it out is more exacting. In towns sewers are financially feasible and their installation should be obligatory. It is to the village however, that the prosperous farmer often retires and in the village live the merchants and professional men who cater to the farmers. The village has pro rata more wealth than the rural district upon which to draw for the maintenance of sanitary conditions. To exact of villages the observance of the first principles of communal sanitation in the creation of facilities for the speedy and safe removal of communal waste is in no sense a hardship. Even though such facilities do not include a public sewer, the private septic tank can safely be required.

In the more rural districts where the underground removal of sewage is impracticable, an improved earth closet is an acceptable substitute and is infinitely superior to the old fashioned vault. Nor is it too much to require the farmer to establish his own kiln for burning night soil unless he voluntarily enters upon an arrangement with his neighbors for a system of collection and disposal at stated intervals. A crematory is a practical possibility for almost all rural areas where sewer construction is impossible. The sanitary care of the manure pile and the privy vault would remove the two most decided factors in the pollution of the soil and the contamination of drinking water.

A few simple expedients in addition would still further protect the well. Where the pollution comes from the surface an extension of the concrete platform beyond the immediate opening to the well, with a trough attachment to carry the surplus flow even farther away, would shed any contaminating filth that otherwise might find admittance. This might be further safeguarded by cutting a shallow ditch in a radius of six feet from the center, thereby diverting rain water away also.

It is a practical problem how to prevent either the origin or the continuance of rural insanitation. They are closely associated with the type of mind of the rural householder. Like so many others he has to be convinced that

he cannot isolate himself in professed liberty to do as he likes and still justify his neglect of these elementary precautions for the maintainance of health. Such minded persons in city or country are hard to deal with. They are the crux of every situation developing bad housing and other forms of insanitation. Whatever procedure is adopted must include some sort of a check upon them, forcing them to adopt both preventive and corrective methods in the care of their properties.

The method usually proposed to accomplish this end is to create a Health Board and to empower it with ample prerogatives to maintain rural health. But Health Boards, rural or urban, are proverbially dependent upon public opinion. Especially is this true in rural areas. The men chosen to act on such a Board are from the district. Usually they are physicians dependent upon the district for their livelihood. Their clientele is limited and they are unable to withstand the disapproval of any group of their fellow citizens. Hence they follow the lines of least resistance and limit their activities to those established by their predecessors in office. Under present conditions they are unreliable for they lack initiative, following rather than leading in the campaign for the maintainance of public health.

The problem is very much one in psychology; to get beneath the surface of the self satisfied man and to convince him of his ignorance. The farmer has a code very contrary to that of social life. His farm supports him. He is independent, and his independence magnifies his individualism. Suggestions for communal oversight are irksome. Less acquainted with the consequences of sanitary regulations, he is indifferent to their justification. Hence the difficulty of winning him over to an interest in health laws and an observance of them. On the other hand the very independence that makes him hard to move encourages the belief that when he does become convinced he will be dependable.

The actual problem, therefore, is the education of the

people of the rural areas to a keener appreciation of the value of sanitation. This must be the forerunner of any legislation, locally enforced. Such an educational campaign is perforce slow. It can be begun with the rising generation through the schools. It can be furthered through the churches by lectures, exhibits and lantern talks. Perhaps the most effective work that can be done is personal and by the visiting nurse in her times of personal ministration to the sick. The State Departments of Health, by weekly bulletins can be an important factor, as also the United States Public Health and Marine Hospital Service in co-operation with the Office of Farm Management of the Department of Agriculture.

But an educational campaign is not enough. The best that an educated majority can do is to give personal allegiance to sanitary requirements and enlightened support to local ordinances. In time this would be effective. However the assaults of insanitation are too prevalent to delay a health program till the public is educated. The failure of any local Board should be a signal to the State to enter upon the task. As it is the function of State Boards to maintain healthy conditions throughout the State, so it is a part of their task to establish standards of sanitation for all communities within the State below which they cannot fall. So, too, it is a part of their function to make unannounced inspections to all districts in order to discover derelictions and enforce compliance upon all violators of their rules.

The question is not one of individual rights, for such never extend to the point where by their exercise they injure the rights and hurt the welfare of others. Rural sanitation is no longer of local significance. The problem it unfolds is the enforced protection of the city from the menace which filth always presents to the purity of the milk and food supply of her people. Until the rural districts awaken to the need to protect themselves, the urban areas will have to bring the pressure of the larger community simply as a measure of self-protection.

Public Health Nursing—A Profession

BESSIE ELY AMERMAN

Medical publications and nursing journals are giving us more and more reports of specialists. Indeed the tendency in all professions, and business as well, is toward intensive work in limited fields. In the other professions, law, medicine and the ministry, specialization has stood for research or study in some one line, followed by extensive practice along that line, but in nursing it has all too often meant only the latter. This must not continue if we wish to retain the status of a dignified profession, and if public health work is to be recognized as a genuine specialization thereof.

A profession has been defined as an occupation involving special mental attainments or discipline, in other words, practice based on theory. Fifty years ago when visiting nursing, in the modern sense of the word, was organized, it did not have as its basis much of a body of scientific knowledge apart from those principles laid down for general hospital nursing by Florence Nightingale and others of her time. Since then, however, with the development of the sanitary sciences as applied to homes and communities, and the formulation of the social sciences dealing with the problems of families and abnormal individuals, public health nursing has come to rest upon a very considerable basis of theory of its own. Hospital training, common sense and the maternal instinct are no longer an adequate equipment. It is in itself a profession and those who do not make a study of the underlying principles are not qualified to undertake its leadership, nor will they have the wisdom available and requisite for effective endeavor. They may be able to do some very good work, but they cannot be depended upon to construct wisely. Moreover, they are not likely to realize that their work is but one phase of the general movement for community betterment, whose success depends upon the

correlation of their efforts with every other put forth toward that end.

The scope of public health nursing is yet to be defined. Every day seems to be opening up some new field to usefulness where the trained nurse is sought as investigator, organizer or worker. Her training in observation and her knowledge of human nature give her special qualifications for collecting information, while her proved ability and willingness to give personal service open closed doors and bring her almost unasked the recital of facts that money could not buy nor force compel. So much the more important is it that she should know the significance of such facts, their relative values and their bearing on large social issues.

It seems wise to take the work of the visiting nurse as the type of all public health nursing, for several reasons. In no other way than by working for and with them in their homes does one really get firsthand knowledge of the poor, of their motives and compulsions, their poverty of resource, their monotony of limitations, and their eager hunger for whatever of goods or position is just beyond their reach. As an educator, the visiting nurse by her actual service secures a hearing such as is never accorded to one who gives instruction alone, and the confidence she has inspired by being a fellow worker goes a great way toward getting her advice acted upon. Her advantage is therefore unique and her experience an invaluable preparation for any special line she may later take up. Without the actual house to house visiting and bedside care, much of her study of theory will be meaningless. But with it, should she choose to work in a special field, she will have an invaluable sense of perspective and a background of general experience with which to relate special problems, a keener perception of the unity of all health work, and a realization of the further knowledge needed to prepare her for her intensive work.

Visiting nursing should not be looked upon as the drudgery and prose of public health work. Let it be considered rather as the laboratory, where every beginner may

learn the first simple reactions and day by day see more significance in each new task, yet where the oldest and wisest worker is still a student, knowing that she is working with forces the half of which are not yet understood.

The purpose of public health nursing is three fold: to see each patient as an integral part of a family and community situation; to do preventive and constructive as well as curative work; and to interpret the medical elements of individual or family situations to co-operating agencies. These three must be the conscious aim of every worker. We say conscious advisedly, knowing how far short of efficiency falls the work that lacks definition and a clear cut goal. And by these aims each visit and each finished piece of case work must be measured up, and the success of our efforts determined.

The statement of these aims in itself indicates the need for preparation beyond the scope of training school curricula and hospital experience. Hospital treatment is curative and has for its unit the individual. All work in homes must recognize as its unit the family, where anything affecting the individual affects the group, where every medical problem is also a social problem, and where adequate treatment will include beside curative measures for the sick, preventive and educational work for the well.

The public health nurse must study the family as a social institution, the laws of her state regarding its relationships and responsibilities; she must be familiar with normal standards of family income and expenditure, the influence of heredity and environment on character and physique, the inter-relation of poverty, crime and disease as social and physical factors in family life. Dr. Devine in "Efficiency and Relief" puts it succinctly, "We may find in the social environment a sufficient explanation of many cases of inefficiency," disease being both a cause and an effect of inefficiency, and—"It is to the educational forces of the community, by whatever name they are called, that the social economist looks for the working out of a new order."

There are social workers, not a few, who look with disfavor upon the assumption by nurses of social diagnosis and treatment, and who feel that co-operation between nurses and social workers is possible only when each recognizes the province of the other, the nurse staying strictly "on her mat" and limiting her work to carrying out physician's orders, instructing the family in hygiene and interpreting the medical situation to the social worker. Even granting that there are sufficient thoroughly trained social workers to cover the ground, it is doubtful whether it is best for a family to have two agencies at work at its problem. In the present state of affairs, when practically every organized charity in our cities is handling more families than it can possibly give thorough treatment to and when in the majority of communities, large and small, there is no relief society of any kind, or where the workers have had little formal training, it seems more practical to give the nurse such education as will make a social worker of her. One year or even half a year of such training, added to her nurse's experience, certainly will make of her a better qualified social worker than the year or half year or summer session of social work can make of the average woman without hospital training.

Social training will enable the nurse to give more intelligent co-operation to relief societies where they do exist, and in the rural districts where she is likely to be the only visitor of any kind, she will be prepared to do whatever of social work comes to her hand until she can demonstrate the necessity of a separate organization to carry it on. Even in large cities, in the presence of organized charity, we cannot but feel that public health workers will give better nursing care if they realize that it is the whole family that needs nursing. Moreover, we cannot afford to lose the foothold gained by the nurse's service, in effecting social reconstruction of families and character building for individuals.

As a health agent the public health nurse must be on

the lookout for violations of local ordinances, where there are such, concerning overcrowding and other housing problems, and the disposal of sewage and waste. When no such ordinances exist she should have sufficient knowledge of sanitation to be able to recommend practical measures for each individual case, or the principles on which any community program should be planned. In the same way, she should understand the requirements for safe water and milk supplies, the sources of infection for all the communicable diseases, the care and control of such cases in their homes. In districts where there is a Health Officer, she should be his right hand man, and where none exists in name, she should perform many of his duties.

A good deal is being said about the unusual qualification of the nurse, *per se*, as an investigator. This is a fallacy in that it assumes that the collection of otherwise inaccessible facts constitutes an investigation, and that an investigation can be made without any knowledge of the principles of statistics. If our public health nurse is to be of value as an investigator, she must understand the problems for which she is collecting facts. She must know what facts to collect, how many she must collect in order to draw valid conclusions, and how to tabulate them to give honest, illuminating results. She must be able also, to find in figures not only confirmation of her own theories, but suggestions of new ideas and lines for investigation. With this point of view and this knowledge, the drudgery of record keeping is transformed, and becomes a vital part of the day's work and the nurse will realize how great is her privilege and responsibility in recording and interpreting her findings to her fellow workers and others.

Even in the smallest community the visiting nurse is not working single handed. Perhaps she is alone in contributing the one sort of work in which she is expert, but back of her and with her are all the authorities, county, state and federal, with their institutions for various classes of dependants; local health boards also, overseers of the

poor, police and public school systems, religious organizations, private physicians and many large hearted individuals. The socially trained nurse must know the functions of each of these and their possibilities as allies in her work. If she is wise she will realize that co-operation works both ways and will seize every opportunity to prove herself a resource for them as well as to call upon them for aid in her problems. By frequent conferences with all with whom she works, by following up cases after referring them and asking reports of progress, she can do much toward promoting standards of finished work, both social and medical.

One of the most vexing problems met by public health nurses is that of the necessity for relief, and in the solution of no other is it so imperative that she should act on principles rather than on the merits of the case in hand. Those principles will often conflict with her instincts to relieve suffering, but just here will be the test of her success as a social worker, as contrasted with that of a merely "medical" agent, when she can weigh character against comfort and plan for the least sacrifice of either.

Bound up with the question of relief giving is that of giving even nursing care outright. We believe that the visiting nurse will render the largest service in a community when her services are on a fee basis, except to destitute families who are also receiving other forms of relief; that a large and self respecting body of people will avail themselves of her services when it is understood to be on a business basis and free from any stigma of charity; that setting a price on the service dignifies it in the eyes of those served; and that the nurse will not be looked upon as the possible source of alms when even her services have their recognized price.

Undoubtedly there are forms of public health nursing where a fee for visits is impractical, i. e.—in municipally supported work such as school nursing or sanitary inspection; also in purely educational work where the nurse is sent into the homes for the protection of the rest of the

community, as in tuberculosis work; or where she visits before any need for her services is felt by a family, as in much of the infant welfare work. However, it is well to keep in mind as an ideal, that as soon as the value of service is recognized, appropriate return should be made therefor.

Regarding the whole question of relief, we cannot do better than to go back to William Rathbone, the father of visiting nursing, who in the first organization of our present system, clearly foresaw that the giving of money or material assistance would confuse the issue of the nurse's work. He accordingly made it one of the cardinal principles of the first association that the nurses should not be almoners nor almsgivers to the poor. This is one of the instances in which our hospital training has tended in the wrong direction. Here also is the bone of contention, where one exists, between nurses and other social workers. Probably both need further education, the social worker in the immediacy and significance of physical emergencies, and the medical worker in the moral and economic effects of receiving that for which no return is given. Occasions do arise not infrequently when emergency relief must be given at once by the visiting nurse. Let us hope that the time is not far distant when nurses will be sufficiently discriminating in their judgment of such necessities to inspire the confidence of relief organizations and lead them to willingly reimburse such expenditure as made in their behalf. Adequate treatment of a family needing more than emergency relief should include not only a recognition of the medical aspects of the case, but a thorough investigation of the family history and resources and the formulation of a case plan in accordance with the principles of relief which social workers spend years in learning. Efficiency can never be reached by short cut methods, either in medical or social work, and the public health nurse should be as honest in admitting the latter as she is emphatic in protesting the former.

In no profession today is there more "room at the top" than in public health nursing. So recent has been the demand that the supply of workers, thoroughly prepared, is totally inadequate to give the leadership needed in communities willing and eager to inaugurate health campaigns. The recital of preparation necessary should not discourage nurses from entering upon the apprenticeship. Rome was not built in a day nor can the capacity for large usefulness be developed without patient study and broad experience. Not only must we add "to virtue knowledge" but to hospital training social understanding, to social understanding sanitary science, to sanitary science statistical method, and to everything else the ability and desire for co-operation. In the book of Proverbs it is written, "Where there is no vision the people perish" and we do not hesitate to claim the condition for public health nursing. Where there is no vision for family and community welfare, and of our part in bringing such conditions about, just so surely will our efforts fail of constructive efficiency, and enthusiasm die within us from the thousand discouragements by the way.

Social Backgrounds

J. E. CUTLER

It is fairly clear that the ordinary graduate of a hospital training school is very poorly prepared to enter the rapidly enlarging field of public health nursing. There is apparently a real need for an additional course of instruction and training which shall be open to the graduate nurse who desires to enter this field. It is, however, not nearly so clear at the present time what should be the nature and scope of this additional course.

Far be it from me to attempt to say the last word on what should constitute a fairly adequate preparation for public health nursing. An experience of three years, however, in connection with a course of this nature for graduate nurses has convinced me that a knowledge of social backgrounds and of the general principles of social work is indispensable if the graduate nurse would attain her highest efficiency in this field of new opportunities. It is my purpose here to sketch briefly some of the main lines of study that seem particularly useful and practical.

A characteristic feature of the nineteenth century that is noteworthy is the growth of cities—these industrial and commercial centers such as have never been known before in the world's history. Living and working in these cities is a new experience for the human race. Precedents and traditions do not serve as satisfactory guides under the new conditions. New standards that will fit the new conditions must be established. Fundamentally this involves a study of the growth of cities, the factors which determine their physical structure, the principles of city land values, the distribution and grouping of the population and of the industries.

It is from this point of view that the housing problem must be studied if one would deal with other than merely

surface facts. A knowledge of all that is involved in the drafting, enactment and enforcement of satisfactory housing codes is of practical value. The history of philanthropic efforts to solve various phases of the housing problem is not without its lessons. In short, past experience and authoritative studies must be largely drawn upon if one would participate intelligently in the prevention, as well as the prohibition of bad housing conditions.

Although city planning is now coming to be pretty well understood, it still is true that the relation of comprehensive and effective city planning to the improvement of housing and general sanitary conditions is not clearly recognized. The landscape architect is by no means the only person with a professional training who has a vital interest in the art of city planning. The city beautiful must also be the city healthful. The practicability of planning military strongholds and political capitals was demonstrated long ago. The possibility of planning effectively industrial and commercial centers should no longer be questioned. The old principles can be applied to the new conditions and these modern cities can be made to conserve, rather than to impair and destroy, human life and energy.

It is of special importance to study public health work in its broadest aspects and to gain familiarity with all the ways of conserving the health of the people. Public health work in cities includes a variety of specialized activities. There is the governmental organization in the interest of public health, the sanitary and technical engineering work, the medical field, the sociological field, and possibly, also, a fairly distinct educational field. Surely one who specializes in a single branch should know something of the allied branches or divisions. It is particularly important that the public health nurse should know the sociological field as well as the medical field and come to think habitually in both sociological and medical terms.

The school nurse in particular is interested in the social aspects of education but a consideration of this subject need

not be reserved exclusively for those who are to enter this branch of public health work. What tests of social efficiency show about education, how the problem of education in cities is being attacked, the various educational agencies and their relative importance, the importance of vocational guidance and training—all these items have their place in the intellectual equipment of a leader in any phase of social work.

The same may be said of the problem of recreation in cities. The unwholesome effects of the exploitation of pleasure and of commercialized recreation may be painfully evident but one can do little along the line of prevention or constructive effort without a knowledge of the ways in which leisure may be controlled effectively and of the newer agencies and the newer standards that the leaders in this interesting department of social work are now developing.

In the general field of charities and correction there is much that is of very direct value. The lack of correlation between medical relief and general relief work has existed entirely too long. The development of hospital social service has amply demonstrated the utility, for hospitals and dispensaries, of a plan of co-operation with other institutions and organizations in the community. There can be no question that a knowledge of the modern principles of charity and of the accepted methods for their application will very greatly increase the efficiency of any one engaged in public health work. What experience in the field of charities has shown to be the most effective means of building up normal standards of family life is of practical value in the work of maintaining normal and healthful conditions of family life in the community.

Toward the proper care and treatment, from the sociological point of view, of the blind, the deaf, the crippled, the feeble-minded, the epileptic, the insane and the inebriates those who are engaged in public health work may contribute very largely. The modern slogan, particularly in this field, is prevention wherever possible, and it is being recognized

that the customary treatment of these classes is far from being adequate and satisfactory. A knowledge of the principles and methods of treatment, for each of these classes, which constitute a reasonable standard for a community to adopt will obviously increase the range of usefulness of the public health nurse. If the time has come when it is desirable to organize campaigns for the prevention of insanity, similar to those for the prevention of tuberculosis, it would seem that the public health nurse should have a part in such campaigns.

While a knowledge of the modern methods and principles of dealing with criminals and delinquents is perhaps of less direct value to the public health nurse, it may be urged at least as a part of the general equipment of every social worker. The ineffectiveness of much of the procedure in connection with our courts and penal institutions is being recognized and in the effort to get back to fundamental causes of delinquency and to deal with criminals, instead of with crime in the abstract, there is much that is of interest to any one whose work is with people rather than with material things and impersonal forces.

In American cities it is of particular importance for any one working with and among the people to understand what is called the immigration problem. There is such a variety of nationalities and ethnic groups, differing widely as to their languages, their traditions, their customs and their habits of mind, that it becomes extremely difficult to differentiate them and know how to approach each of them. But one gains more readily the respect and confidence of a family the background of whose life one understands and appreciates. A person who confuses the Slovaks with the Magyars, or the Chekhs with the Poles, loses several opportunities to influence either of them in the interest of public health. One cannot hope to master the linguistic difficulties that are involved, but it is possible to know something of the home country, the conditions of life there, and to approach these various peoples with a sympathetic under-

standing of their difficulties in this country. Such knowledge makes possible a much higher efficiency in the field work, for example, of a school nurse. The possession of such knowledge also makes the public health nurse an important factor in the process of assimilation through which these various ethnic elements will come to adopt as their own the American standards of living.

Other general sociological changes that are in progress in this country, such as, for example, the entrance of women into industry, also have a relationship that is not altogether remote. It is likewise important for the public health nurse to know something of the application of statistical methods to social phenomena—for example, how to present and interpret vital statistics.

Another field of study that has high potential value is that of social legislation and philanthropy. The great industrial changes that have occurred during the nineteenth century have made men think as they never thought before about their relations one to another and have forced home the conviction that it is now possible in a large measure to control or modify the environment in the interest of human welfare. Consequently there have been—and are now—a great number and variety of attempts directly to promote better living and working conditions.

At an early period the legislative authority of the state was called upon to act in this capacity. At first this action took the form of "factory" legislation, later it was "labor" legislation, and still more recently it has come to be known as "social" legislation. The reasons for the enlargement of the scope of this legislation, its general effectiveness and the standards of enforcement are matters of very great interest. The voluntary action of employers in the interest of their employees and the development of scientific management constitute another series of attempts that are worthy of study in this connection. The various ways of meeting the risks of modern industry, including the irregularity of employment, and the development of workmen's insurance

furnish an excellent opportunity to study the principles of insurance and their application to human life. If we are likely to have some form of general health insurance in this country a knowledge of the experience in this field of effort will doubtless be of value.

The action of individuals in the effort to promote human welfare and a better social adjustment, which takes the form of philanthropy, likewise is of interest. Why endowments are ordinarily about a generation behind the thought of the time and what are the approved principles of endowment and of modern philanthropy constitute an asset to one who would be a leader in social work of any kind.

Whatever be the content of the curriculum in a training course it is essential that provision be made for practical experience under the supervision of selected social agencies and it is desirable that there be a close correlation between the instruction and the field work. It is for this reason that in the curriculum emphasis may properly be laid on what may be called the social maladjustments of the present day. While nothing that affects human life and human welfare is without interest to the social worker, it is doubtless true that what is of primary importance in a special training course is a study of these maladjustments, their causes, the factors which enter into them, and the most approved methods of promoting the necessary readjustments. These are the subjects of study, as I have endeavored briefly to indicate, which may be said to constitute the social backgrounds in a comprehensive training course.

The Applications of Preventive Medicine in Nursing

HAVEN EMERSON

At the present time hospital training schools for nurses offer in return for many months of laborious service in the wards, some instruction in the elements of the medical sciences and in the principles of diagnosis and treatment of disease. As a result of the demand for attendants upon the sick, who shall supplement the physician and observe, record, and administer under his direction, little or no attention has been paid to the constantly increasing need of nurses trained to meet the requirements for large public health campaigns, as regards a general application of the principles of preventive medicine.

Steady employment, regular business hours, the personal liberty and dignity which public service offers, has drawn many able and devoted women into the field now open. Nurses of departments of health, of tuberculosis dispensaries, of baby welfare centers, of ante-natal campaigns, of hospital social service departments—of such is the army of educators who go from house to house to spread the knowledge of the ways to well-being among the people of our great communities and in the isolated villages of the states.

At the Teachers' College of Columbia University, under the Department of Nursing and Health, a course on tuberculosis was offered last spring as an elective for nurses and others interested in the subject.

During the past fall and winter a course somewhat broader in scope was offered to supplement the practical experience of the field workers, by instruction in the facts and principles upon which their work must be based, and the results by which the progress of the community may be judged. The expense of the course was met by income

from a fund contributed by nurses as a tribute to the ability and devotion of one of the late leaders in nursing education in this country, namely Isabel Hampton Robb, the first Superintendent of Nurses of Johns Hopkins Hospital. The request for the course came from Miss M. A. Nutting, to whose ready ears come requests from many quarters for more and better training for nurses undertaking public health work.

The course consisted of fourteen lectures of an hour each, followed by a half hour or more of conference and discussion. A brief test was given to the class at the close of the course. The attendance ranged from forty to seventy, and consisted of the students at Teachers' College who were specializing in public health or social service matters and of the supervising nurses of the New York City Department of Health. The Department of Health expected the nurses to attend and allowed them to take the time from their working hours. The class met at four in the afternoon on Wednesdays.

The following is an outline of the matters dealt with in the lectures.

I—CAUSES OF INFANT MORTALITY.

Registration of Vital Statistics a necessary preliminary to all Public Health work. Births and deaths must be recorded, and illnesses should be recorded, especially in cases of communicable diseases. Notable reduction has occurred within the past ten years in infant mortality in New York City. To accomplish reduction we must know causes of infant mortality.

Pre-natal Causes: Inheritable defects of parents. Transmissible diseases acquired by parents. Overwork and lack of nourishment of parents, especially of the mother.

Causes at Birth: Deformities of mother, obstetrical accidents, infections, low vitality of mother, allowing of stillbirth or premature child, or resulting in surgical interference.

Causes During First Year: Among breast fed: lack of suitable food and rest, and presence of excessive work on part of mother. Among bottle-fed: unsuitable and unclean food, lack of air, cleanliness, quiet and suitable clothing.

II—REDUCTION OF INFANT MORTALITY.

Accomplished by Ante-natal Measures: Registration and supervision of expectant mothers. Visits of observation and instruction, especially during last months of pregnancy. Supervision of work and food so that mother may come through confinement and start nursing promptly. Instruction in providing for confinement and simple needs of baby. At birth see that confinement is under care of physician or registered midwife, or in hospital if an abnormal case. During first year encourage breast feeding, instruct mother in hygiene of nursing and in care of babe. Maintain breast milk by suitable food and avoiding severe work. Where breast feeding is impossible instruct in preparation of clean milk for bottle feeding at home. Enrollment at baby-welfare centre where mother and child will get benefit of individual medical and social care.

III—MILK.

Its products, and their value in nutrition in children and adults in health and disease. Its production and distribution. Food is to be estimated according to its possibilities of assimilation and combustion. When assimilated in the process of digestion it is oxidized or burned in the tissues to produce energy. Amount of heat and energy needed varies with age and weight. The ease of assimilation of milk, its good heat value and its low cost make it an inexpensive food. The essentials of nutrition are all found in milk. It is found that the better educated a community the greater is its consumption of milk per capita. For children in health it is the most suitable nourishment under two years. For adults it is valuable, especially as a source of many products of the butter and cheese class.

In many illnesses milk is invaluable and may be variously treated to increase its digestibility. Many variations in milk constituents can be made to meet needs of particular diseases. A food so important in health and disease must be kept from contamination and is under the constant supervision of agricultural and health authorities to insure its purity. At all points from the cow to the consumer milk must be guarded against infection, for at any point, conditions of dirt or warmth may allow of such infection as to cause serious illnesses.

IV—MILK AS A DISTRIBUTER OF DISEASE.

Qualities of milk and conditions of its handling render it an excellent culture medium, and it is a common disseminator of disease.

Bovine tuberculosis, common among dairy cattle is carried only by milk and affects almost exclusively children. To be prevented by supervision of herds and forbidding use of milk from diseased animals. Pasteurization, i. e., heating to 140 degrees F. for 20 minutes will destroy all disease causing bacteria.

Typhoid, scarlet fever, diphtheria and septic sore throat or tonsilitis are often spread through milk,—the infection of the milk supply occurring through milk-handlers suffering from the disease, except in the case of septic sore throat where the infection of the milk is from the diseased udder of the cow.

Of all preventable disease caused by milk the greatest loss of life has always been due to gastro-intestinal disease among infants. Dirty milk is always infected. Dirty milk causes intestinal disease in infants. All milk for infants should be pasteurized or be of an exceptional degree of cleanliness and from cattle free from tuberculosis. The general improvement of the milk supply of a community results in a fall of the death rate in infants and of adults. It is to be expected that all cities will demand pasteurization of the entire supply before long. National, state and local

campaigns for pure milk are powerful agencies in reducing mortality and sickness at all ages. Various milk preparations and fermented milks were discussed in some detail.

V—ALCOHOL IN ITS RELATION TO PUBLIC HEALTH AND EUGENICS.

After describing the physiological action of alcohol, ether and chloroform as a group, the effects of alcohol on the various tissues and functions of the body were taken up. The uses of alcohol were considered, as an occasional aid in digestion, in the diet of diabetics, and as a food in some fevers. The facts were brought out that alcohol is of little if any value in the treatment of disease and is really a depressant and not a stimulant, and that its use results in a lessening of individual efficiency, endurance and accuracy in people of presumed health. Evidence was presented to show that alcohol is a common cause of feeble-mindedness, and of inherited physical and nervous abnormalities, resulting in a large measure of criminality and pauperism.

VI. to X.

These five lectures were devoted to TUBERCULOSIS.

Nothing more than a summary of headings can be included in this sketch of the course. The following is the order of presentation of the subject:

VI. History of Tuberculosis; its distribution: The statistics of its occurrence; its incidence in races and in occupations.

VII. The Specific Cause of Tuberculosis: The biology of the tubercle bacillus and the paths of infection. Individual and environmental predispositions to the infection.

VIII. The General Morbid Anatomy of Tuberculous Lesions: Modes of onset of pulmonary, meningeal and bone tuberculosis. Complications; modes of death.

IX. Prophylaxis against Tuberculosis: Social or environmental and individual. Treatment, the bearing of natural or spontaneous cures upon our attitude toward the problem. General measures, specific and symptomatic treatment.

X. Relief Agencies: The organization of public and private agencies to provide for the curable, in private, local or state sanatoria, if they can stop work; or in their homes if they can or must work at home. The necessity of notification and the right of compulsory segregation where necessary. The importance of separating all open cases from healthy adults and children.

XI.

This lecture was devoted to a consideration of the so-called notifiable diseases,—i. e., disease in which notification to the Department of Health is required of physicians. Even more important than a record of deaths in a community is the record of cases of communicable disease, knowledge of the occurrence of which is essential to enable the health authorities to protect the public. The natural history of these diseases was described. By this was meant, the cause of the disease where known,—the mode of transmission, the site of infection, and the sources in or from the diseased individual, the methods at our disposal to prevent transmission, to establish a diagnosis and to treat the disease, the possibilities of cure and the probable duration of the disease. Tuberculosis and venereal diseases were treated of elsewhere.

The following were taken up briefly: Typhoid fever, whooping cough, diphtheria, measles, scarlet fever, poliomyelitis, malaria, small-pox.

XII.

This lecture continued the previous subject and included the consideration of occupational diseases which the Department of Labor of the State of New York demands notification of,—namely, poisoning by lead, phosphorus, arsenic and mercury and caisson disease.

The cancer problem was then considered as it faces the visiting nurse. Accepting the facts that we do not know the cause, or any cure except early surgical removal of cancer, the nurses' problem is that of sufficient familiarity with the common sites and symptoms of cancer to warn those with whom she comes in contact of the necessity of seeking accurate diagnosis and prompt surgical treatment at the earliest moment. The nurse can do much to expose the danger and uselessness of patent-medicine and advertised cures.

In lectures XIII. and XIV. the matters of Feeble-Mindedness and the Venereal Diseases were considered.

The extent of feeble mindedness was stated, the hereditary character of the defect was discussed and the methods of control, by legislative, social and custodial restriction were described. It was explained that feeble-mindedness led in almost all instances to economic failure, or dependence, in many cases, to criminal and vicious careers, which offered opportunities for the dissemination of diseases, particularly venereal disease, and thus the restriction of the liberty of the feeble-minded to procreate and continue their defects to the next generation becomes a necessity for public health and welfare. The limitation of existing methods of control was pointed out and the advisability of some comprehensive system of supervision and care from childhood to death was suggested.

In discussing the venereal diseases, but brief mention was made of chancroid, syphilis and gonorrhea were taken up in some detail. The known cause, the methods of transmission, the usual symptoms, course of the diseases, means of diagnosis and treatment were described.

The importance of recognition of these diseases as a serious menace to the public health, aside from any social or moral question, was brought out. The methods and failures of control in European countries were considered. Considerable stress was laid upon the value of the present stand of the Department of Health of the

City of New York in regard to notification of these diseases. It was explained that the community derived great benefit from the facilities offered free by the Department of Health for accurate diagnosis of the diseases. The advance in the care and treatment of these diseases through the efforts of organized dispensaries was pointed out. The need of suitable facilities for the dispensary and hospital care of the venereal diseases was urged.

Where Nurse and District Secretary Meet

KATHERINE D. HARDWICK

"Come again, nurse," said Mrs. Hennessey, escorting me to the door.

"Thank you, I will, but I'm not a nurse, Mrs. Hennessey."

"Sure, I know you're not a sickness nurse," came the answer, "but we call you nurse because you're a kind of a one."

Clarity of definition may not be Mrs. Hennessey's forte, but in her heart, she recognized the unity of purpose of Visiting Nurse and District Secretary, paid agent of the Charity Organization Society.

The old accepted definition of a nurse was "a trained attendant in a hospital." Social work lays the emphasis on that other definition—"one who nurtures, cherishes, trains, protects."

The Spirit of Social Service makes it impossible for the nurse's duty to end with the recovery of the patient. The New Nurse recognizes that though this particular patient be well, the causes of his illness still remain. Bad housing, poor work, insufficient nourishment, slack housekeeping, intemperance,—these are the real enemies and not septic fingers, typhoid or bronchitis.

The Charity Organization Society is not the only agency whose ideal is to make each family with which it comes in contact, a productive unit in society, and, through the earnest effort to rehabilitate each family, to gain the knowledge that makes it possible to improve working and home conditions, to offer better educational opportunities, to stimulate among rich and poor the desire for a higher citizenship. Every visiting nurse has a part in the working toward such an ideal, for though her distinctive part is caring for the sick, how to bring into the homes of the poor the bread of life,

the cherishing protection and the training that is needed, has come to be the nurse's problem as well as that of the district secretary.

Besides garnering information for bettering living conditions, the nurse has a definite contribution to make to the work of the Charity Organization Society secretary. Her entrance into the home of the needy family is a natural one, and seeing them, as she often does, in a crisis, she gets at the naked truth of their difficulties in a way that takes the district secretary weeks to accomplish.

Then her contact is a tangible one. Any district secretary who has been privileged to build a fire or wipe dishes, knows how quickly work with the hands gets one on friendly terms in a family.

The family once in sympathy with the nurse, she can not only advise that the Charity Organization Society be called in to help straighten matters out, when this seems advisable, but she can give much advice and information to the Charity Organization worker.

More than this, the family often take advice from the nurse much more readily than from the district secretary, partly for the reasons mentioned above, and partly because, as many physicians can testify, through concern for our temporal selves, many of us are brought to a realization of our spiritual needs.

So closely, then, is the work of the district secretary and visiting nurse interwoven, that there must be no talk of co-operation between them, but rather the perfect understanding and oneness of purpose that makes it unnecessary to speak that creaking word "co-operation."

One of the most difficult tasks of the visiting nurse is to know when a family can best work out its own rehabilitation and when it needs the aid of a society. It requires both experience and social insight to recognize the family, which will respond to the continued treatment for which the nurse must turn to other organizations.

When the nurse does enlist the help of the Charity Organization Society, what methods does it take to bring the family to a higher standard?

First, it endeavors to build a firm foundation of mutual understanding and trust. Much depends on the first visit of the Charity Organization Society worker. Here the nurses, and this applies to other societies and individuals, can help by preparing the family—not for an ordeal, but for a friend.

It is manifestly unfair—though the request is sometimes made by those referring—for the district secretary to go into the family without telling from where she comes, “because the family would not like to be referred to a Charity Organization Society.”

On the first visit, the district secretary, without the aid of paper and pencil, without quizzing or cross examining, must gain a knowledge of the family makeup, its surroundings, its resources—as wages, employers, relatives, church and benefit societies. And most of all must the worker get at the family needs as interpreted by the family and its own plans for meeting those needs.

This sounds like an impossible task to the uninitiated, but visitors in the homes of the poor know that these are the ordinary topics of conversation and that, in times of need, it is not difficult, particularly with the family honestly asking aid, to get all these facts, which are so vital to the family. It saves time to get this information at the first visit, but it must always be remembered that even in America, time is not the most precious possession, and it is wise not to press a sore point, but to wait until confidences come naturally.

It need hardly be said that immediate material needs must be attended to first. One would not ask a starving family for a previous address, or a sick woman how many years she had been in America.

From a normal first visit, the worker should carry away a picture of the family and its environment. Partic-

ularly with immigrant families who love to talk of the homeland, it is helpful to get as much knowledge as possible of early surroundings, for not only do these often explain the present circumstances, but sincere interest in the fatherland is one of the quickest ways of gaining the confidence of foreigners.

From this first call, the worker should also carry away references, which will obtain the advice of others connected with the family, and, in most instances, a temporary plan which has worked itself out while talking with the family. And, quite as important, the worker should leave behind the feeling that a friend has entered the home, not to shoulder the family burdens, but to push while the family pull. Some definite suggestions as to what the family can do at once should accompany the explanation as to what the secretary means to do at once—not vague promises, but the little immediate things that make the family feel the worker is really concerned with its affairs, and not that she has filled out a "front card," and will let them know what she can do next week, when she talks with her committee.

In looking up the outside sources of information—most of them given unconsciously by the family—the object is not to find out whether the family is worthy or unworthy for deserving or not—they are a factor to be reckoned with. Life would be a simple problem if the goats could be automatically and permanently separated from the sheep. The real reason for visiting these references is to get the advice and support of those naturally connected with the family. We want from them information, but we also seek to renew their sympathy with the family and to enlist their support in our later plans. Far from prejudicing anyone against the family, these visits ought to make new friends and strengthen the understanding of old ones.

The district secretary gets most help when these people are different in outlook. A former landlord knows

the whole family in its home. A former employer gives keen and kindly recommendations on the industrial side. The family physician's advice is invaluable. Relatives, apparently uninterested, may be stimulated by the interest of a new worker, to be the greatest source of strength. From the Church comes information and advice of the most vital kind.

When the worker has in her hands—and heart—her own knowledge of the family, augmented by their interpretation of themselves and that of their natural connections, she should seek a working plan. This is best made with the advice of a conference of those interested. If it has been learned through the Confidential Exchange, that other societies are interested, they have been consulted before the first visit was made, but they should now be represented at the Conference.

It would be a small gift to make a family to advise them of the decision of even an expert conference, accompanied though it might be with material relief, unless along with these went a friend, ready to modify the first plan, if it does not fit the need, and to work shoulder to shoulder with the family, even in the face of discouragement. This is the work that the volunteer visitor can do most successfully. And in the last analysis, it is the work that means most to the family, for while it is comparatively easy to turn over a fresh leaf and make new resolutions, only the long pull carries the family through the temptations that surround the fulfilment of those resolutions.

If social workers were gifted with second sight, they might dispense with investigation. As they are not, they must depend on common sense and adopt those methods which experience has proved are best fitted to their needs. A credit house looks up with utmost care, the potential buyer of a \$3.50 pair of shoes. Should we, who are concerned with souls instead of dollars, rely on our intuition or the requests of a family who have brought about their

own undoing? Misunderstanding and criticism are bound to arise, but if we make our investigations quick, careful and always human; if we put the emphasis not on the investigation but on the help for the family; if our sympathy is always ready and our support sure, we shall have in the end that best answer to critics—an army of rehabilitated families.

Experience shows that sickness is one of the greatest causes of poverty. So the work of the district nurse constantly crosses and recrosses that of the Charity Organization Society. Each needs the other. Particularly with the care of pre-natal cases is this interdependence noticeable. Even a few years ago, the Charity Organization Society received constant demands for instantaneous aid on the ground of an hour-old infant. Today nurse and district secretary have the satisfaction of working together for months before, so that the mother may be properly nourished, the home set in order, clothing provided for the infant and the promise that the interest will not disappear with the coming of the baby.

Even a short experience reveals many stories that illustrate the good results coming from close working together on the part of district secretary and nurse. One unusually striking example was that of Jennie X:

The district nurse came to the office asking us to visit Jennie X., who wanted to board her little baby and go to work, because her husband was at the House of Correction. Mrs. X. had money in the bank and there were none of the ordinary ear marks of a "charity case," but the nurse recognized a social problem and felt the possible need of investigation. The district secretary found a pretty, attractive woman with an air of innocent confiding. She told the following story: She had come from the Provinces as a child to live with an aunt, who has lately married and gone to California. Five years ago she married James X., who had abused her since the birth of her first child a year ago. Three months

previously he had been arrested and sent to the Island. She had boarded the first baby and worked up to a few days before her second confinement. No marriage record was found, or trace of the husband at the Island. A previous employer claimed not to know her. One day, the nurse learned that Mrs. X. had a trunk at her last employer's, and brought the address to the office. From this employer the district secretary learned that Jennie had come to her from a certain employment agency. Our next visit was to the Employment Agency. Here the true story came out. The owner of the agency had known Jennie and her aunts, both of whom lived in Boston many years. Jennie had never been married, and the two children had different fathers. A meeting was arranged with one of the aunts. Later the verifying of the birth record gave the information that the older child had been born in a rescue home. We immediately got in touch with the Home and learned that they nominally had charge of the girl, but had lost track of her for several months. It was agreed that we should work with the Rescue Home and after many conferences with the aunts, whose co-operation was finally won, with the employment agent, who proved a real friend, with the Rescue Home, and with an alienist who pronounced the girl a "border-line feeble-minded case," it was finally arranged that we should take charge of Jennie's bank books, and from them pay her board during the summer that she might be with the baby. She also paid the board of the older child. The Rescue Home secured money from the child's father, and finally Jennie was admitted to a small Home, where she did so well that she is now working in a family with the baby, paying the board of the older child. This meant weeks of hard work and could have been accomplished only in the light of the truth revealed by the first investigation, by the hearty co-operation met on all sides and by the effort of the girl herself, who became very much attached to all who tried to help her.

It is a recognized truth that the protection of family ties and the raising of family standards is the greatest factor in the betterment of social conditions. No one organization alone can bring about the millenium. And no multitude of organizations working at cross purposes can ever destroy the forces that perpetuate evil conditions.

The homely story of Mrs. Brady and Mrs. Finnegan has a sad meaning to social workers.

"Yes," said Mrs. Brady, to the district secretary, "Mondays I puts on the powder and down goes the bugs to Mrs. Finnegan on the first floor. And Tuesdays she puts on the powder and back comes the bugs to me."

"But why, Mrs. Brady," suggested the district secretary, "don't you and Mrs. Finnegan get together and sprinkle the bug powder on the same day and kill the nasty things?"

Mrs. Brady shrugged a protesting shoulder, "Sure," she said, "me and her ain't good friends."

The Reorganization of Visiting Nursing in Dayton

ELIZABETH GORDON FOX

A little more than a year ago the newspapers were informing the world that Dayton had been wiped off the map. Today in the same liberal terms they are announcing that Dayton is very much on the map, that it is in fact the center of attention, and all eyes are focused upon it. You may have followed with some interest the various means chronicled widely in the press by which Dayton has undertaken to pull itself out of the deluge, and to rebuild itself upon a rock. It is not the purpose of this paper to explain the wonderful plans worked out by the Flood Prevention Committee as a result of which millions of dollars are to be spent to render the entire Miami Valley safe from future overflow. Nor is it intended to go into the history or the provisions of the city charter, said to be the most advanced ever written, which on January first put the government of Dayton into the hands of five commissioners and a city manager. But it is impossible to describe the contemporary history of any part of the body politic of Dayton without reference to the flood and its consequences, and to the new city government, because the whole cast of events has taken shape from this great so-called catastrophe.

When Dayton emerged from its bath of water and mud last March, it immediately rallied around the war cry of a greater and better Dayton, and dedicated itself to a program of progress and efficiency. Bravely has it stood by this high resolve, though it has meant much honest examination, and frank disclosing and elimination of obsolete, or only partially effectual methods and customs. No department of the community has escaped

the searching eye of criticism, or the necessity for reorganization on more modern lines. The Visiting Nurse Association, then known as the Flower and Fruit Mission, catching the spirit of the times, voluntarily investigated itself.

The splendid work done by the hundred Red Cross nurses in Dayton at the time of the flood, and the tales some of them told of the methods and measures used in their own association to secure the most effective work, suggested to the Dayton Visiting Nurse Association some steps that might be taken to increase its sphere of usefulness in the community. The writer was asked to outline the resulting process of reorganization, not because it presents any measures strikingly original or unique, but more, perhaps, because it is typical of the procession of changes and adjustments, that might take place in any association seeking to secure more scientific and efficient work.

The association had never had a supervisor, the clerical and office work being in the hands of a lay worker, and the Board felt that the first step in reorganization must be the employment of a trained visiting nurse as superintendent. Accordingly this step was taken, and a nurse from the Chicago Visiting Nurse Association came to take the position.

The first changes made were changes in the internal workings of the association. The nurses had been accustomed to report at the office three times daily, and the city had never been districted. This seemed a wasteful plan and accordingly the three office visits were condensed to one. Three of the nurses were put in districts, with the "baby nurse" retaining her work throughout the city, and the student nurse supplying wherever the work was heaviest. The senior nurses of the Miami Valley Hospital are given one month's service in the districts under the Visiting Nurse Association. It also appeared that the nurses, out of the kindness of their

hearts, had acquired a considerable repertoire, and had been playing the role of relief agent, employment office, friendly visitor, truant officer and many others. A little thought showed that these functions were better performed by the organizations designed to handle them, and were an unnecessary burden that the association was not called upon or fitted to carry. It therefore, became the rule to refer all matters not strictly in the domain of the visiting nurse to the proper agency.

For many years a clinic had been maintained for the supervision of infants, but this had gradually grown to include individuals of all ages. A surgical clinic was also held mostly for the removal of tonsils and adenoids, circumcisions, and other minor operations. This clinic meant the loss to the nurses of a whole morning's work in the districts. As there was more work in the districts than could be done, and as the hospitals were equipped and willing to provide these clinics, it seemed unnecessary for the association to continue to hold them at a sacrifice of its district work. Arrangements were made, therefore, with the hospitals to hold an out-patient surgical clinic, and also to take care of out-patient adult examinations, relieving the association in this way of much dispensary work and expense, and giving the nurses more time in the districts. By these changes the nurses were able greatly to increase the district work, the records showing 566 calls made in September on 169 patients against 1022 calls made in February on 293 patients, or a forty per cent. increase both in the number of patients reached and in the service given them. The demands upon the nurses had increased so heavily in fact that in February it became necessary to add another nurse to the staff.

The whole record system was gone over and revised with the hope of securing accurate statistics, on which future needs and developments could be based. This system is not yet perfected, and is awaiting the report and

advice of the record committee to be given at the St. Louis convention, before taking permanent shape.

Soon a new problem faced the association. A great organization called the Greater Dayton Association or G. D. A., as it is styled, was formed in Dayton. This organization assumed the functions of a commercial club or chamber of commerce, plus the functions of the supervision of the social welfare of the city. It was a unique creation in this expansion of the domain of a city club, and in two other factors. It sought a membership of ten thousand, and it opened its membership to women. At the present writing it has a membership approximating seven thousand, seven hundred of whom are women. You probably all know of the success that has attended the federation of the charities in Cleveland. The G. D. A. following the Cleveland plan invited the various social agencies of Dayton to consider a less ambitious, but similar Department of Social Service of the G. D. A., the primary object of which would be the raising of a common budget for them all by the department, and the adjustment of their various duties to best meet the needs of the city.

The Visiting Nurse Association now had to decide whether visiting nursing in Dayton would be helped or hindered by such a federation. This important and vital question required much earnest thought and study. The final decision was in favor of the federation, on the ground that a centralization of plans and effort was far more potent and scientific than the attitude of each charity by itself and for itself, regardless of the others. Seven other organizations including all the larger ones, came to the same conclusion, and the federation was formed. A year from now we hope to be able to prove the wisdom of this step in greater harmony and team work among the charities, a wider knowledge by the public of the work and needs of these philanthropic bodies and the formation of a more enlightened and liberal habit of giving.

The anticipated revolution in the city government to be brought about with the inauguration of the commission city manager plan in January suggested to the Visiting Nurse Association another great opportunity. It seemed just the right time to attempt to bring together the various public health nursing services of Dayton under a single administration. Besides the visiting nurses there were four nurses in the employ of the Board of Health, and one nurse doing anti-tuberculosis nursing. It was apparent that this was a very inadequate number, and that parallel with the city's progress in other directions, the whole public health situation would probably receive a great stimulus, and expand in many necessary ways. The Board felt that this growth could be accomplished to the best purpose, so far as the outdoor service was concerned, if there could be continuity and comprehensiveness in shaping the program possible only through the concerted action and consent of all organizations involved. The Board, accordingly, asked the Tuberculosis Society and the Division of Health of the Department of Welfare of the city to consider a place to unify the nursing service under a single supervision. This unification was finally accomplished under the following working plan: The visiting nurses and the tuberculosis nurse moved from their old quarters to the central headquarters in the Department of Welfare where the city nurses were already established, the supervision of all of these nurses passing into the hands of the Visiting Nurse Association. The Board was expected to secure for the Tuberculosis Society the execution of the work desired of its nurse; it was also expected to carry out the orders of the Commissioner of Health concerning the character of the work to be performed by the city nurses, but the general supervision of the work of the nurses was in the hands of the Visiting Nurse Association through its superintendent. This plan has been in operation now for about a month, but it is too early to predict what its success will be. We feel,

however, that it will be the means of solving many questions. Already a system of co-operation has been worked out between the district doctors and the nurses which promises good results.

Some of the anticipated expansion is already in view. Dayton has no city dispensary, and plans are taking shape to open various clinics in the Department of Welfare to fill this purpose. Ways and means are also being considered of securing school nurses, and of obtaining nursing care for patients ill with contagious diseases. As the summer months approach a baby saving campaign is to be inaugurated with milk stations and mothers' conferences in different sections of the city in addition to the one now maintained by the Visiting Nurse Association. The suggestion is also beginning to formulate itself in the minds of those directing the work, that it might be the means of securing greater efficiency, to eliminate this grouping of nurses according to special lines of work, and in its place to divide the city into several small districts, with one nurse in each district, to be responsible for all the service to be rendered in that district. Whether this plan will work itself out to a culmination or not remains to be seen.

As you may gather, the process of reorganization of the out-door nursing service is only begun and is too young as yet to permit of conclusions. Like everything else in Dayton at present it is an experiment. We have with much forethought and deliberation made many radical changes. We hope and have confidence that they will bring forth good fruit, but we can only wait for time to prove that we have wrought wisely and well.

A City Central Committee on Public Health Nursing

MARY DUNNING THWING.

The public health agencies in large cities are confronted by so many questions of effective organization and co-operation that it seems possible the experiment of a Central Committee which has been successfully tried in Cleveland may be of interest elsewhere. In 1902 the Visiting Nurse Association of Cleveland was organized with three district nurses. In 1914 there are in Cleveland 122 public health nurses, representing service under the City Department of Public Welfare, Division of Health, in its bureaus of child hygiene, tuberculosis and communicable disease; the Board of Education; the Anti-Tuberculosis League; the Babies' Dispensary and Hospital; the social service department of Lakeside Hospital and Visiting Nurse Association in its district nursing, factory nursing and social training school departments. Such expansion has brought up many problems of organization and co-operation which did not exist a few years ago. For it is obvious that the greatest efficiency can be secured when the members of all these staffs represent a common standard of training and ideals, wear a common uniform and work in harmonious co-operation.

To secure unity the Visiting Nurse Association, for a number of years, undertook to secure all the nurses for the organizations employing them, and, so far as possible, to give them some experience in social nursing before placing them. But, as the number of nurses required grew, it became an increasing burden and expense until it finally became impossible for this Association to carry it alone. After some consideration, therefore, a report was sent out to all the agencies engaged in providing and supervising social nursing, calling their attention to the fact that there were then (November 1912) ninety-

three public health nurses in Cleveland and that the number was still growing, and asking these agencies to co-operate in forming a Central Committee on Public Health Nursing. The first intention was to have an independent committee. This still seems an ideal form, but under existing conditions it was not quite practical. The Visiting Nurse Association was able to house the Committee and to save it the expense of maintaining a separate office. The independent plan* was therefore abandoned and the Committee formed as a subsidiary of the Visiting Nurse Association. Its membership is composed of two representatives from each of the above-named organizations or boards, one being the supervising nurse (or, if there be none, the medical director) the other a lay member, with a chairman and vice-chairman appointed from the Visiting Nurse Association board of trustees.

In the report asking for the formation of the committee was the suggestion that it should "have charge of all such business as is common to the entire group of public health nurses in Cleveland." Some of the matters which have been taken up, as coming under this head, have been:

1. Standard requirements for admission to the staff of public health nurses.
2. Standard salaries. Salaries during vacation and illness.
3. Length of vacations.
4. Group insurance for nurses.
5. General rules for all public health nurses.
6. Uniforms.
7. Applications for nurses.
8. Applications from nurses.
9. Appointments.
10. Vacation substitutes.
11. Resignations.

*Since this article was written the independence of the committee has been assured without altering its organization or powers.

The first five questions were taken under consideration by the committee as a whole, as, the standards once being settled, the rules once drawn up, there was no need of continued action in regard to them. The varying points of view of the various members of the committee were, however, very enlightening in setting the common standards. After drawing up general rules for the whole body of nurses the various organizations also submitted to the committee their special rules, so that it might be assured that there would be no clash between them.

The sixth question, that of uniforms, was discussed by the general committee and a policy in regard to uniforms settled. A sub-committee was then appointed to carry out the details. The decision was that all nurses should continue to wear a common uniform. It is, therefore, a matter of economy that the uniforms be secured at a wholesale price, due provision being made for special out-of-season orders for new nurses. The committee on uniforms receives a requisition from the superintendent of each staff for the number needed each season, and orders them all together. When there is to be any change in style, as in the hats, from year to year, the choice rests with this committee.

For the care of the remaining five questions, applications for and from nurses, appointments, vacation substitutes, and resignations, a standing sub-committee, known as the eligibility committee, was appointed. This committee, composed of the chairman of the Central Committee and the supervisor of each staff of nurses, meets weekly and reports its action for ratification at the monthly meetings of the Central Committee. The eligibility committee has had made for its use a ledger with columns as shown below:

NURSES REQUIRED				
Date	Prospective Employer	Person Registering Call	Date Wanted	Kind of Nursing

In it are entered all applications for nurses in the order in which they are made. Applications from nurses are received, investigated and voted upon.

Under the standard agreed upon by the Central Committee, nurses, to be accepted, must be eligible to membership in the National Organization of Public Health Nursing,—that is, they must be graduates from a hospital of at least fifty beds and a three years' training course, and eligible to membership in its alumnae association. They must also present satisfactory references. Frequently applications come from local nurses, known to some member of the committee, so that the required information and references can be supplied immediately. But many, and an increasing number, come from a distance and more or less correspondence is necessary before the application can be acted upon. As soon as a nurse is accepted she is assigned to the staff having the earliest vacancy on the list and told to report to its superintendent. After three months probation the superintendent, if satisfied with her work, recommends her for regular appointment. Occasionally applications are received asking for work on a particular staff. The nurse prefers baby work, does not wish contagious work, or has some other preference. So far as is possible these requests are complied with, even when it leaves an earlier vacancy unfilled, as the committee believe that nurses—like most people—do best the work in which they are happiest.

Resignations, under the rules of the Central Committee, must be made a month in advance and are entered, with the reason, thereof, in the last column of the ledger. The committee keeps on file a folder for each nurse, containing the correspondence in regard to

Cause of Vacancy	Nurses Placed			Resignations		
	Date	Name	Remarks	Date	Name	Remarks

her application, references, any notes entered by her superintendent during her service, and, finally, her resignation and its cause.

The eligibility committee has also been engaged in an effort to interest nurses in taking up public health work as the demand for such nurses is growing faster than the supply. Some response is now being felt and there is an encouraging growth in the number of applications received. But the goal of having all positions satisfactorily filled is not yet in sight. In the face of this difficulty in securing enough nurses for Cleveland positions the committee were somewhat startled when they began to receive many letters asking for socially trained nurses for other cities. Yet they are occasionally able to fill these outside positions, either with nurses who wish to leave a large city, or with those who have done long and good service here and are ready for greater advancement than can be offered them in Cleveland. It is often difficult to give up a nurse in this way, but the committee believe that they should assist, not hinder, the progress of their nurses, and also that they should do their share in spreading the knowledge of public health work as far afield as possible. Perhaps they also hope that by thus scattering their friends abroad, an inspiration may reach other nurses to come to Cleveland for social training.

The questions that have come before the Central Committee seem simple as soon as they are settled. But when taken up separately by each organization with no joint body ready for conference, they were often puzzling. The possibility of their being decided differently by each organization was a menace to effective co-operative work. The difficulty in securing enough nurses, satisfactory nurses, and in assigning them without friction when several organizations were waiting for each one, was becoming a serious menace to the maintenance of a unified body of nurses. Under the present

plan, whereby each member of the committee sees the needs of the entire field, this difficulty is entirely obviated. New questions come up every month and what the developments of the next month may be none of the members of the committee can foretell. But they feel assured that the experiences of its first year have established the value of a joint committee ready to co-operate in meeting whatever questions may arise.

The Second Itinerary of the Executive Secretary of the National Organization for Public Health Nursing

ELLA PHILLIPS CRANDALL

January 20th found the Secretary traveling westward again in response to a call from some of the States west of the Mississippi, where in some places foundations of Public Health are being laid that promise splendid things for the future.

The first city visited on this second itinerary was Omaha, verily a city on the hills and as scattered as though it were spread out on the prairies. The Secretary admits her surprise because if she ever knew, she had entirely forgotten this natural charm. This very beauty of nature, however, becomes a serious handicap to the visiting nursing service. Distances are great, walking is hard and transportation facilities are insufficient, so that it not infrequently happens that a nurse makes only four visits in a day—a record which most rural nurses expect to excel. Even in the face of these insurmountable difficulties, it had not been considered possible to district the city and thereby reduce by half each of the two nurses' territory; but Miss Randall and the officers of the Board were keenly alive to these disadvantages and were working steadily toward the elimination of them.

The Association is seventeen years old, and, until the last few months, has been directed by Mrs. W. R. Adams. Her home has been headquarters and her care of the needy as well as the sick has brought to her the loving devotion of hundreds of families, who look upon her quite as a missionary of charity; but during the past year, owing to serious impairment of her sight, it has been

necessary to reorganize the work and now the Association maintains a central office in the City Hall and employs a nurse superintendent, Miss Florence Randall, recently a member of the Chicago Visiting Nurse staff.

The Association has an enviable history of hearty support from the medical profession and both medical colleges solicit its co-operation. Moreover, all occasion for alms-giving on the part of the Visiting Nurse Association has been done away in recent years by the establishment of an Associated Charities, whose General Secretary works in most cordial affiliation with the nurses. It would seem, therefore, that a new chapter in the history of the Association has been opened and a bright future lies before it.

The Secretary was two hours late in arriving and, therefore, her time was much too limited and she was unable to visit the Tuberculosis Clinic, where indoor work is being done by one nurse; but, so far as could be learned, few follow-up visits are made. However, a conference with some of the officers of the Visiting Nurse Association and its superintendent, a meeting of its large Board of Directors and a public meeting in the evening at the Y. M. C. A. served to assure her that Omaha has its ear to the ground and will soon prove that it has caught the message of the times, which is summed up in the words Public Health Nursing as contrasted with Visiting Nursing. Then may we expect to hear that citizens and public officials alike are providing not only for bed-side care of the sick poor, but for school and infant welfare nursing and other measures of prevention and education in health matters.

Early the next morning, the Secretary joined a party of Omaha nurses and went to Lincoln where she had been invited to speak to the Nebraska State Association of Graduate Nurses. As has been frequently said, it is always counted a special privilege to address a general body of nurses, because it gives an opportunity to pre-

sent the needs of Public Health Nursing along with those of private and institutional work, which are so much better known and supplied. It was most gratifying to see more than one hundred women gathered from various parts of that large State and many will appreciate the Secretary's surprise when she learned that this was one of **three** meetings held each year. Those who know how hard it is to get a hundred nurses together **once** a year in some other parts of the country, will share an Easterner's admiration of her Western colleagues. Nevertheless, she would like to possess the power of oratory of its famous Commoner and "stump the State" in behalf of Public Health Nursing, for there is almost none of it in all that great commonwealth.

In Lincoln there is one school nurse only and because her day was very full and the Secretary's time extremely short, they did not so much as meet each other, a contradiction which even yet is hard to accept. One problem—familiar to us all—was apparent, i. e., the small hospital which lacks the necessary clinical material and equipment for adequate training of its student nurses. While this is primarily the concern of the National League of Nursing Education, it is possible that the National Organization for Public Health Nursing and the Red Cross Town and Country Nursing Service, which have found it necessary in behalf of right standards, to place a ban upon the schools connected with the hospitals of less than 50 beds, can aid the former in its insistent efforts toward affiliation of hospitals.

A night's journey put the Secretary into St. Joseph, Mo., a somewhat quaint, conservative city, largely made up of pioneers and possessing an atmosphere all its own, which the stranger quickly feels and of which the residents are fully aware. This city of 77,000 inhabitants is very much alive to its obligations toward its dependents and to its responsibilities for general civic betterment. Negotiations were complete for a sanitary survey

and while until recently it has provided funds from county and city treasuries for the usual means of caring for its wards, it is one of the first municipalities in the State to avail itself of the obvious benefits of a Social Welfare Board, created under an act of Legislature and operated by a non-partisan Board of six Directors, three appointed by the County and three by the City, with the Judge of the County Court and the Mayor of the City sitting as members ex-officio.

This Board has under its control all the funds formerly appropriated by the Municipality and County for preventive, curative and constructive work, such as health, industrial and recreational measures and legal aid, and it has applied for a budget of \$30,000. This is to be very definitely apportioned between palliative and constructive propaganda. Back of it stands a Business Men's Club of about two hundred and fifty members which meets once a week and this fact is sufficient explanation of its thorough-going plans and policies. They were seeking a trained social worker to fill the office of Executive Secretary and were planning to place under her direction physicians, Public Health nurses and social workers, with the services of a general dispensary at its command. (While this report is being written, word comes that the Sanitary Survey is in process and the Executive Secretary has been engaged). This Board has adopted the policy of employing as far as possible existing agencies, such as the Physician of the Board of Health, who treats all infectious and contagious cases, (in addition, it employs another, who cares for all other indigent patients outside of hospital), the Tuberculosis Dispensary, established by the Anti-Tuberculosis League and the General Dispensary, maintained by the Visiting Nurse Association and free beds in the two hospitals.

This civic picture has been described with considerable care for the purpose of showing how intimately Public Health Nursing relates itself to such a civic program and, in fact, how it sometimes leads the way.

Less than two years ago, Miss Dorsey was called to St. Joseph, by a group of men who formed an Anti-Tuberculosis League and was given entire freedom to develop the work which now includes a Tuberculosis Clinic and embryo settlement, as well as visiting nursing service. She soon realized, as does every tuberculosis nurse, that general visiting nursing was greatly needed. There was already in the city a nurse employed by the Metropolitan Life Insurance Company, who was already busy and sometimes obliged to employ an assistant; but necessarily her service was limited to policy holders of the Company. The men of the League were as liberal and far-sighted as any worker could ask and gave Miss Dorsey perfect freedom to organize a Visiting Nurse Association and direct its work along with her duties to the League. Accordingly, a new society came into being about a year ago with a Board of Directors, consisting of men and women who have raised a budget of \$3,000 through the co-operation of churches, clubs, lodges and societies and a representative membership of individuals who pay \$1.00 annual fees. It has built its house on a sound foundation of visiting nursing principles of administration and supervision, technique and co-operation. It maintains two visiting nurses and a general dispensary where the school nurse meets the others in daily conference. The dispensary operates a dental and an eye-ear-nose and throat clinic. It is used by the physician of the Board of Health and by the physician of the Welfare Board.

The most ideal co-operation exists between the Anti-Tuberculosis League and the Visiting Nurse Association, whereby Miss Dorsey's services as supervisor for the Visiting Nurse Association are exchanged for the staff service of the Association's nurses in the care of tuberculous patients, when such arrangement is necessary to the best interests of the greater number.

So far, no medical social service has been developed

in the city, but it is not unreasonable to hope that the officers of the hospitals and the Visiting Nurse Association, who are so full of the spirit of the times, will in the near future establish another scheme of co-operation which will provide follow-up care of hospital patients by the Visiting Nurse staff, inasmuch as much service has readily calculable economic value as well as humanitarian arguments in its favor.

An old and honorable association, known as the Free Kindergarten Association, has an enviable record of seventeen years of educational and social service in an out-lying section of the city, where it owns its own property. But within recent years, the city has provided Kindergartens and so last summer, its Board of Directors very logically transferred their interest and their means to another and surely no less vital work of education and social service, i. e., infant welfare. It maintains a milk station, a day nursery, one nurse and one physician. When the Secretary was there they were modifying most of the milk at the station where the mothers were sending for it, but the Board took under serious consideration the advisability of home modification and more frequent visits, even though these measures clearly pointed to the necessity of employing another nurse. Up to the present time this Association has not co-operated in any practical way with the other health activities of the city, but it is reasonable to assume that all of them will sooner or later unite forces under the general leadership of the Social Welfare Board when the latter has had time to get its machinery into operation.

It will be extremely interesting to watch the development of this latest and perhaps best experiment of present popular insistence for co-ordination of civic betterment activities, because great possibilities lie within its grasp and nurses everywhere will share in a less quiet and modest way than does Miss Dorsey her-

self the gratification she must feel because of the tribute that has been paid to her and to her ability by the citizens of St. Joseph in her appointment to this Board. She is its only woman member.

The future of Public Health Nursing itself seems amply assured for the pioneering days appear to be safely past and public demand and public funds alike are pushing it forward rapidly. It is not too much to hope that these progressive people will some day count it a good investment to send one nurse at a time to some training center, where she can secure post-graduate preparation for Public Health work and none more than the nurses of St. Joseph court such opportunity.

In this city three busy days were spent during which the Secretary visited the Tuberculosis Clinic, the General Dispensary, met the Public Health nurses with a large gathering of Graduate Nurses, held a conference with the Boards of Directors of the Visiting Nurse Association and the Free Kindergarten Association, addressed a public meeting in the Y. W. C. A. building, held several personal interviews with interested individuals and spent an evening with and spoke to the students of both Hospital Training Schools in the parlors of the Ensworth Hospital and visited St. Joseph's Hospital in the interest of securing the membership of its Alumnae Association in the American Nurses Association.

Owing to a combination of circumstances, plans for visit to Kansas City, Kansas, could not be effected, but representative nurses came to St. Joseph and discussed their work with the Secretary.

The next city on the itinerary was Topeka, Kan. Here, nurses are not the leaders in Public Health activities, but they have an enthusiastic, devoted and able director in the person of Mrs. Charles Thomas, whose primary interest for six years has been tuberculosis work, during which time she has been instrumental in establishing and maintaining the only tuberculosis camp in

the State and a nurse in charge of it. Through political influence brought to bear during Mrs. Thomas' absence, this camp was recently abandoned, which resulted in the necessity of returning the patients to private care, with such equipment in their homes as the camp could provide and the remainder of the equipment is in storage doing no one any good. The nurse is now making home visits.

Very recently the Public Health Committee of the Women's Club of Topeka has raised necessary funds and established one general visiting nurse, who has her office in the Building of the Benevolent Society, which also houses a well-equipped dental clinic maintained by the Committee on Public Health. This new service, like the earlier one, has the heartiest co-operation of the Associated Charities and surely represents a promising outlook for the early development of a full-fledged Visiting Nurse Association. Such an expansion of its present scope was discussed for the first time while the Secretary was there.

The Russell Sage Foundation had just completed a survey of the city and the air was full of reform and improvement plans, which were quite in keeping with what seemed to the Secretary the decidedly progressive spirit of the city.

The National Organization is particularly fortunate in having secured Mrs. Thomas' consent to serve as State Chairman of its Finance Committee for Kansas. She is already at work in behalf of national as well as local interests.

Twelve hours' journey brought the Secretary to St. Louis, where she spent another busy three days. The fact that it is the 1914 Convention City for nurses added materially to the common interests and before local matters were considered she met the Committee on Arrangements for the Convention, whose task and responsibility she by no means covets.

She was much honored by the presence of approximately three hundred nurses at an evening meeting, at which she had been asked to speak. In the audience were representatives of all nursing activities and among them large numbers of students. The following day she spoke informally to the Public health nurses of the city after which a general discussion followed. Opportunity was provided for a visit to the offices of the Anti-Tuberculosis League, the Department of Education, the Visiting Nurse Association and the Social Service Department of the Children's Hospital, thus giving the Secretary a very definite idea of the Public Health Nursing activities of the city.

For the afternoon of the third day a joint meeting of the Boards of Directors of the Washington University, Children's and City Hospitals and of the Visiting Nurse Association had been arranged and the Secretary spoke at some length on the "Development and Present Status of Public Health Nursing," emphasizing the great need of affiliation of health agencies in St. Louis. At the special request of the President of the Visiting Nurse Association, the Secretary met some members of its Board, who could not attend the afternoon session, at the home of the President in the morning of the same day, where practically the same topics were discussed.

It is astonishing that St. Louis makes so little provision for Public Health Nursing Service. The Department of Education furnishes six excellent schools for exceptional and defective children, but supplies only six school nurses for the entire city. The Anti-Tuberculosis League maintains one open-air school and has another in prospect, but it supplies only four tuberculosis nurses. The Tuberculosis work has recently been reorganized and the city districted for the service which, of course, is a great gain. It is also looking toward having a nurse supervisor, which at present it lacks. There is no infant welfare work other than what the gen-

eral visiting nurses do along with their regular work. There are only fourteen nurses on this staff, although they carry the Metropolitan Life Insurance Company's service.

With the exception that the Metropolitan Company has placed its work in the hands of the Visiting Nurse Association, there is little co-operation, even of a casual sort and none whatever of a formal character. The Visiting Nurse Association was for years a part of the Provident Association; but organized as a separate body a few years ago, retaining, however, its original quarters until this winter. It has now opened new offices. In so far as this move helps to eliminate from the minds of the public the idea that the staff is composed of "charity nurses," it is a good change; but for purposes of intimate acquaintance and close co-operation, it is very advantageous to live under one roof. There are six medical social workers, two of whom are nurses. These represent the staff of the Social Service Department of the Washington University and Children's Hospitals, which was organized in 1911 by Julia C. Stimson, who is still in charge. She is one of three nurses known to the Secretary who is furnished with a run-about automobile, and one needs only to spend a day with her to understand what an incalculable saving it is to the physical and nervous energy of the worker. If nurses in general could be depended upon to display as much instinct and skill in running a motor, as she does, and to reduce the cost to so fine a calculation as she has, we might hope to see this attractive feature of Public Health Nursing increase.

The Secretary's most urgent plea was for a Board of Joint Control of all these health agencies, similar to that recently effected in Cleveland to such obvious advantage to all, and it is gratifying to learn that steps have already been taken in that direction; for such a plan when fully worked out cannot fail to produce more efficient service to those for whom it is designed. It is

delightful to record here that the National Organization has secured the consent of Mrs. Robert McKittrick Jones to serve as State Chairman of its Finance Committee for Missouri.

Next on the itinerary was Indianapolis, that city so besieged by industrial conflicts that it was necessary to cancel all public meetings for two weeks in December, including one at which the Secretary was to speak; a city in which, it is said, a hearing in behalf of Public Health Nursing could not be gotten one short year ago. But now, behold the transformation! Largely through the untiring efforts of one woman, Mrs. Peter F. Bryce, over a period of four years, (who, by the way, holds the distinction of having introduced Isabel Hampton to the mysteries of probationer life in Bellevue Training School), a Public Health Nursing Association has been established and is maintaining two nurses.

In spite of a surprising lack of understanding on the part of many important citizens and public officials as to the real significance of the work and its relation to community health, a very representative company of about seventy-five guests responded to an invitation to lunch issued by the Chamber of Commerce and listened to a presentation of the subject which was followed by several short addresses in support of the plea that Indianapolis *needs* Public Health Nursing and plenty of it.

Moreover, in spite of one of the worst sleet storms of the winter, more than one hundred people attended a public meeting in the evening. In addition to these, the Secretary met many of the women of the city who are interested in the work and also a representative group of nurses.

Indianapolis has no school nurses but there has been infant welfare work at milk stations for three years, with nurses visiting in the homes in summer, and the city supports one anti-tuberculosis nurse. Red Cross seals support one county nurse who addresses children in the schools and visits all over the county.

The Metropolitan Life Insurance Company has been furnishing visiting nursing care to its sick industrial policy holders for four years, with a staff of six nurses, and it is to be hoped that in the near future these several services may be combined to advantage.

For many years the Flower Mission has conducted a limited visiting nursing service together with its other varied activities and to this well-established body the Public Health Nursing Association naturally looks for sympathetic support and co-operation. When the existing agencies shall have combined their forces and thereby eliminated waste of effort and means, they will be in position to demonstrate to city officials and the public at large the value of school nursing, infant welfare and tuberculosis work in addition to general visiting nursing and funds will be forthcoming. It has been a slow process so far, but the goal is in sight.

Through the courtesy of Miss Fitzgerald, opportunity was afforded to visit the fine new hospital of the State University which is nearing completion. It is an admirable monument to modern science in hospital building and Miss Fitzgerald has an enviable opportunity before her.

According to the original plan, the itinerary was to end here, but Kentucky had heard that the Secretary was in the neighborhood, so sent an invitation to bend her course to include Lexington and Louisville. It was particularly pleasing to her to get down into the blue grass country and at very short notice, a day was planned for each city.

Miss Chloe Jackson, who organized the tuberculosis and general visiting nursing for Fayette County, and is traveling nurse for the State campaign against tuberculosis, had planned a most profitable day, combining a conference on nursing interests with a drive about the city of Lexington—which has made extraordinary civic improvements during the past five years—and a visit to a public school. Here one little woman

principal and her corps of enthusiastic teachers have combined to wonderful effect all the functions of a public school (including domestic and manual training), with an open-air class, a public laundry and a settlement house with public baths, gymnasium, assembly hall and all manner of neighborhood interests.

Then a delightful luncheon was served, where the Secretary met about twenty representative nurses. After the luncheon a public meeting was held in the Supreme Court room at the City Hall, where Public Health Nursing in its larger aspects was set forth to an attentive audience of men and women representing public and philanthropic activities of the city. There is general visiting nursing in Lexington, including tuberculosis work, all of which is conducted by Miss Margaret H. Arnett. Immediately after the meeting the Secretary boarded a train for Louisville, feeling that she had seldom crowded more of pleasure and interest into six short hours.

It would be difficult indeed to draw any comparison between Lexington and Louisville, but at this particular time the nurses, at least, had a common interest together with all others throughout the State, for they were passing through the final agonies of a legislative campaign in behalf of registration. A dramatic circumstance had just occurred. One of the assemblymen had fallen in an attack of apoplexy during a speech in opposition to the bill. Of course several of the nurses ran to his assistance and one accompanied him to his home. When first he opened his eyes in consciousness and saw her, he said feebly: "Ladies, I'm for you." Immediately he summoned several of his colleagues and told them that he wished them to state on the floor of the Assembly that he had withdrawn his opposition entirely. Within twelve hours, he had another attack and died. When the bill came up for final action, a strong appeal was made for it in the name of the deceased member and it was carried almost unanimously. Jubilant reports have

since been received that the original bill has become a law with only a few unimportant amendments.

In Louisville the Visiting Nursing has been for twenty years conducted by the King's Daughters under the direction of Miss Jennie Benedict, an honored citizen and devoted friend and ally of all nurses. There are four members of the staff and their service is limited largely to bed-side care. There is a Babies' Milk Fund Association, with eight nurses and the Metropolitan Life Insurance Company has six nurses. There are six tuberculosis and two school nurses in the city. The Parent-Teachers' League, led by Mrs. John H. Miller, is agitating vigorously the need of more school nurses.

If all the nurses now doing visiting nursing could be united in one staff under the supervision of a nurse superintendent and all directed by a Board of Joint Control, the present number would surely accomplish more and better work and would be able to urge an extension of their service into the public schools. The Secretary made this plea to various individuals whom it was her good fortune to meet. Here again, it was most gratifying to learn that the Associated Charities lends most cordial co-operation to the nurses. A conference with representatives of the Board of Directors and nurses was held during a luncheon given by the Jefferson County Nurses' Association, and following that a well-attended public meeting in the auditorium of the Public Library gave the Secretary an opportunity to discuss Public Health Nursing and the purposes of the National Organization.

During the morning a visit was paid to the splendid new City Hospital which was to be opened a few days later, where there are many interesting new features of hospital construction and also some serious inconsistencies, such as no provision whatever for a matron of the nurses' home, testifying once more to the fact, so often encountered, that although nurses are an indis-

pensible factor in every hospital, they are more often than not the last to receive consideration.

From Louisville to Washington, D. C., the Secretary went for only a few hours to participate in the program of the Fourteenth Annual Meeting of the Instructive Visiting Nurse Association, where general nursing, Metropolitan service and infant welfare are working together most harmoniously and were entertainingly set forth in the various reports. Here, too, school nursing is the crying need; and a representative of the Teachers' Association spoke out of her appreciation of the co-operation of the visiting nurses with the teachers, in behalf of a liberal extension of the service.

During the past year the staff has moved into new quarters and is now domiciled in a quaint old house, which might well be called "The House of Seven Gables." It has over thirty rooms and eleven real fireplaces, a little Spanish court and a big yard, shut in by a high hedge and a garden which furnishes all their fresh vegetables. In spite of the Secretary's doubt as to the desirability of nurses' "homes," this is a most alluring place in which to rest when the day's work is done and a typical Southern cook unfailingly supplies the remaining requisite to entire comfort.

By way of paying an old debt, as well as keeping a recent promise, the Secretary turned her face away from home once more toward Richmond, Va., where she was due to speak on the subject of "The Red Cross Nursing Service in the Dayton Flood" at the annual meeting of the State Association of Graduate Nurses. Think of the delight of having a State Association of Graduate Nurses apply for corporate membership in the National Organization. Not only did Virginia do it, but less than a week later Rhode Island paid us the same compliment. Even the most ardent advocate of Public Health Nursing could hardly have anticipated such generous endorsement of its aims and purposes. No testimony of interest and good faith could be more convincing and the National

Organization hails it with extraordinary appreciation. Similar action on the part of a few Training Schools, notably Cook County, gives conclusive evidence not only of their sympathetic support, but of their consciousness that the Schools have a fundamental share in this great new field of nursing.

For the second time the Secretary was privileged to be the guest of the Nurses' Settlement, which was founded by Miss Cabiness, the beloved superintendent and friend of all its charter members, who had previously been her pupils at the Old Dominion Hospital, where she first commanded their unbounded respect and lasting affection. The Settlement always seems to breathe the spirit of the old South, just as some of its beautiful stories do; although those anti-bellum days would have been shocked beyond measure if they had witnessed the daughters of their "first families" engaged in "gainful occupation," however worthy it might have been. Here is a household of women admirably qualified by temperament and training to express visiting nursing in all its aspects, professional, social and public health. From this "family," as it is always fondly called, has gone forth pioneers in the Southern fields of tuberculosis nursing, infant care, school nursing, schools for defectives, fresh air farms for neglected children, probation officers and sanitary surveys.

Some of these public-spirited undertakings have already become a part of the municipality's accepted obligation and, although others have not as yet met with an equal measure of success, both the need and the way have been pointed out by these thoughtful, earnest women and the public can no longer live in ignorance of its responsibility to further these undertakings.

A Guild of Debutantes has been for several years a powerful ally in behalf of some of the best of these experiments and demonstrations.

Here, too, as in Washington, a delightful home is provided in which each nurse has a spacious room all

her own, with a closet, stationary basins with hot and cold water, and a wide bed. Indeed, every comfort of home life is afforded.

After a night's journey the Secretary found herself once more at home with a feeling similar to that a student has after listening to a learned professor, who has expounded truths too profound for the lesser intellect to comprehend.

The composite of all the object lessons, the problems of growth, the complexities of administration, the realization of ideals, gleaned from these various cities creates a duty and a task of analysis that is quite prodigious. Yet it is infinitely better than the study of any books and bespeaks an obligation upon the fortunate student of practical problems to make that analysis accessible to all who are looking to the National Organization for guidance and assistance.

In addition to the professional courtesies everywhere extended, the Secretary is again indebted to the gracious friends in each city for innumerable social pleasures, which lend charm to all the days and afford delightful memories of new and valued acquaintances.

While these two itineraries have been written up for the Quarterly readers in the hope that the experience of a few might furnish encouragement and help to others who read, the Secretary regrets that there is not time nor space in which to set forth the work that is going on in many of the Eastern towns and cities, which it has been her good fortune to visit during the year. There, also, are found all the varying conditions and problems ranging from the nurse working alone in several small villages, where she is necessarily all things to all people, to the complex ones of our larger cities, such as Boston, Philadelphia and New York.

Above all else is the *terrible* need for more and better prepared women. It would seem as though we must literally "go out into the by-ways and hedges and compel them to come in." Since we cannot do this, how can we persuade them?

First Conference of Tuberculosis Workers in Ohio

ROBERT G. PATTERSON

Since the centralization of tuberculosis work in the State Board of Health a year ago, there have been gratifying results from efforts to extend to every portion of Ohio the two essential means for fighting tuberculosis, namely, the public health nurse and the tuberculosis hospital.

Today there are thirty cities in the state employing one or more public health nurses. In addition to this number there are eight cities anxiously waiting for a nurse to be supplied to them.

In addition to the State Sanatorium, there are three municipal, three county and four district hospitals for tuberculosis in the state. These hospitals serve twenty-two counties out of the total of eighty-eight. These twenty-two counties contain considerably more than half the population of the state.

In view of the increase in the number of tuberculosis workers in the state and the many changes in legislation which have been made during the past two years, it was considered advisable to call a conference in Columbus for the purpose of discussing the immediate practical problems which are confronting the workers in their respective fields.

The conference was held on Thursday and Friday, February 26th and 27th, and more than one hundred delegates from thirty cities in the State attended the meetings. Dr. John H. Lowman of Cleveland, President of the National Association for the Study and Prevention of Tuberculosis and formerly President of the Ohio Society for the Prevention of Tuberculosis, presided.

Naturally, the public health nurses were present in larger numbers than were secretaries and physicians and

the part which the nurses took in the meetings was most important. The session of Thursday evening was devoted to the general subject of "The Visiting Nurse." Miss Mary Gladwin, R. N., Superintendent of Nurses, Akron, Ohio, dwelt with considerable earnestness upon the importance of thorough preparation of the nurse for public health work. Miss Charlotte Ludwig, superintendent of Nurses, Bureau of Tuberculosis, Division of Health, Cleveland, Miss Sarah Helbert, School Nurse, Anti-Tuberculosis League, Cincinnati, and Miss Stella Tappan, Visiting Nurse of the Belmont County Anti-Tuberculosis League, discussed various phases of the educational work which the public health nurse does from day to day and indicated new methods for teaching the truths of hygiene.

Other subjects discussed were "Local Anti-Tuberculosis Societies in the State," "Hospitals for the Care of Tuberculosis Patients," "Open-Air Schools and Physical Supervision of School Children," and "Public Control of Tuberculosis."

The papers presented at the various sessions will be published in the near future in special pamphlet form and can be obtained upon request from the Secretary of the State Board of Health.

The meetings were considered so successful by the delegates that a resolution was adopted urging the continuance of the conference from year to year. This will undoubtedly be done.

What Do I Gain by Becoming a Member of the National Organization for Public Health Nursing

In these days of many demands upon our interests and our purses, one is justified in asking of each new project that is brought to us, "Am I wise to give to it either of my time or money?"

Let us see how such a question as applied to membership in the National Organization for Public Health Nursing may be answered.

It is not enough to ask what is gained, for the question what is given, is at least of equal importance, and both these questions resolve themselves into two propositions, whether such an organization is needed, and if so, whether one's individual support shall be given to it.

As regards the first of these propositions, it would seem as if that after only two short years since its formation that the National Organization for Public Health Nursing had proved its usefulness.

For some years the visiting nurse has appealed to a great variety of people, who have seen in her the solution of many problems. With the best intentions in the world, Visiting Nurse Associations have been hastily formed by people sometimes ignorant of the standards or requirements of the work. Business firms, factories, municipalities, insurance companies and department stores seeing the value of such work are employing Public Health Nurses. Nurses of all types and kinds with and without special Public Health training are crowding into this comparatively new field, while the medical profession, social workers and the public at large are not only making increasing use of the Public Health Nurse but are learning to count on her records and statistics.

With all this activity some form of standardization seemed absolutely necessary, if the highest standards were to be maintained.

In these days in such difficulties we fly to organization, in order that the strength and experience of the strongest may be at the disposal of the weakest.

Altruism, though of course manifested in different ways in different individuals, is apt to follow in its manifestation a certain precedent. The newly awakened social conscience is willing to help only the suffering which is brought so near as to rouse the emotion of pity, and the recipient to receive such aid must present a picturesque type of suffering. All visiting nurses know that the tale of the family without coal or food, with a new baby recently arrived has but to be told to a certain type of person to receive help, though the same person may be wholly uninterested in supporting the Visiting Nurse Association by an annual subscription, or subscribing to the Charity Organization which is equipped to deal wisely with just such cases.

The next step is usually a local interest which seeing the necessity of organized work will support with intelligence the local organizations, realizing that if the poor and sick are to be efficiently helped money must be spent on salaries for efficient workers, record keeping, stenographers, office rent, etc.

It seems unfortunately a rather long step for some of us from this local interest to one which embraces the *whole* field of work in all its ramifications throughout the country, and yet it is no longer than the one which divides the single individual case from the broader one which tries to help all such cases through a local organization.

We can no longer work singly in anything. It is a day of organization, and if as Public Health Nurses we are to reach our greatest usefulness we must use the methods of the day.

By joining the National Organization for Public

Health Nursing we give financial support which enables the organization to maintain properly equipped headquarters, and an executive secretary fitted by experience and personality to aid and assist all those desiring her help and advice. That such help and advice are needed is shown by the fact that since the formation of the organization about 300 nurses have applied to the Executive Secretary, 175 of these seeking positions; while 140 associations have asked for assistance in finding qualified nurses for their staffs and fifty more have sought advice regarding some problem connected with the administration of their society.

We also give the all-important though perhaps intangible assistance of the support of our own personality, and we stand (and this is no slight thing), as a solid body, composed of both laymen and nurses to advocate the highest ethical and professional standard, as by study and thought we are able to see them.

Now what do we gain? What has been gained by the 190 organizations and the 300 individuals who have asked for some sort of assistance? The large associations carrying the heavy responsibilities of important and almost distractingly complex work gain easy access to the experience of others doing a like work, and by bringing before the committees of the organization their difficult problems are able to arrive at a wisdom of decision impossible alone. From this advantage each nurse of these large staffs profits though she is perhaps all unconscious of the fact.

The smaller associations gain practically the same thing. In many instances their problems have been already solved in countless other places, and a single letter to the executive secretary will acquaint them with this fact. Sometimes it is the nurse who wants sanction for a policy her directors are too conservative to adopt. Sometimes it is the directors who need the knowledge of successful precedent to guide an unprogressive nurse.

What shall we say of the single nurse working alone

with perhaps a business enterprise back of her, or a Board of Managers wholly ignorant of the work they are with best intentions trying to guide? It means everything to such a nurse to be able to write for information as to details such as standards regarding salary, hours, night work, contagious cases, etc., etc., etc.

Of no less help is the National Organization to the directors anxious to bring their local work whether it be large or small up to the highest standard of efficiency.

The direct and indirect gain to the whole country of the enthusiastic annual meetings must not be forgotten in considering the value of the organization.

While we have not as yet been able to send the Public Health Nurse Quarterly free to members, it must be remembered that such a magazine in its present form would probably not be maintained without the support and backing of a National Organization. Members have the advantage of the Bulletins which will be sent without charge probably with increasing frequency.

Of course it may be urged that much of this assistance from headquarters may be obtained without membership, or payment of dues, and this is true because it is the policy of the National Organization for Public Health Nursing to place its resources for helpfulness at the disposal of all who may need them.

In order that this policy may be continued, however, local associations and individual public health workers, both lay and professional, must give it the support of their interest and money.

Let us then put our questions this way, "Do I want this National Organization to go on?"

If you do it must be supported, and if you can afford to do so there is no reason why you should not expect others to support it if you do not.

Stories Told by Nurses

An Interpretation

FRANCES BROWN

When we read a newspaper account of an accident in a shop or factory, in which men are killed or injured, we are shocked. We wonder how it happened, how it might have been prevented, but we seldom realize what it means to the poor victim himself, and we never know how far-reaching is the misery caused by it.

To Tony, it meant long weeks in the hospital, where the doctors at times despaired of saving his life, and where the careful savings of two years, which were to bring Giuseppina, his wife, and the children to America, were gradually consumed. Then, one day, the doctor said, "If this man has any friends, you had better notify them—I think we shall have to amputate his arm." The paesani (Tony's friends from the old land) talked it over, got together money for the wife's passage, and the letter was sent.

Can you imagine the feelings of Giuseppina, when this letter reached the little home in the village of Sicily? What should she do? Here was the letter which told her, her Tony was sick and maybe dead. There was the money, but how could she, Giuseppina, who had never been outside of her own little village, go alone to the unknown America? And, worst of all, how could she leave her three little children with no one to care for them but her decrepit old mother? She cried a great deal and said a great many prayers to God and the Madonna for guidance. The news soon spread through the little village and the women came in groups to offer their sympathy and advice. After a long struggle, it was decided that she should leave next morning by the stage, which passed through the village and which would take her to a train by which she could go to Palermo.

Tony did not die and they did not amputate his arm, but the weeks stretched into months before he was able to leave the hospital. In the meantime, Giuseppina must eat and so must the little ones back in Italy. There is no money and there are many debts. What can she do? Some of the paesani have told her of a factory nearby, where women sew and where they are paid much money—even as much as 40 lire a week! Giuseppina thinks how much she would like to work in this place and earn so much money. With that, she could soon make enough to take her back to Italy or have the little ones come to America. But she is afraid—she doesn't know any English and it seems as though the people look at her and laugh as she goes down the street in her bright colored waist and full skirt and gay, yellow handkerchief over her head.

One day, one of the paesani, who speaks English, takes her to the shop and she is hired to sew buttons on coats. She is very industrious, her fingers are quick and she easily keeps her place and earns 40 lire a week. Her fingers fly all day but she never seems to notice what is going on about her. Sometimes, when the foreman speaks to her, he is surprised that she doesn't even hear him. Her body is in America, but her spirit is down in the sunny Sicilian village, with her black-eyed little ones.

When the noon-hour comes and the women gather in groups to sew or gossip, and the girls play games in the factory-yard, you will find Giuseppina sitting on a bench in the sun, looking up at the sky. If she finds a sympathetic listener, she will pour out her heart in her own language. "I can always see them as they looked the day I left them. The little one, her name is Concettina, she says, 'Mamma, don't leave us—we will die if you leave us.'" I had a picture made of them, before I left, for a remembrance, and in it her hands are clasped just as they were when she said those words. The oldest, her name is Angelina, she writes me a letter

sometimes and she says, 'Mamma, when are you going to make us come to America? I always say to the girls at school, 'My Mamma is in America and she is going to make us come by her and you must stay here.' But it is so long and you don't make us come.' And when can that be? Forty lire is so little here in America, when you must pay rent and everything costs so much. And," she added, dropping her voice, "my husband don't want me to send money to Italy. You know, he hasn't seen the children for three years and they don't seem the same to him, but I, il pane mi e veleno nello stomaco, (the food is poison in my stomach) when I eat and think perhaps they are hungry."

Giuseppina goes back to her buttons, but how many, many she must sew on, before she can see her little ones again.

Rising Above a Gully

BLANCHE SWAINHARDT

Would you like to go with the nurse to the edge of the gully off West Street, not far from Blank Avenue? Here we find a curiosity shop indeed, containing anything you could imagine for sale and profit from a printing press and a geranium, to a fish-pole. While the nurse gives a bath and an alcohol rub, combs long, tangled, golden hair, changes bed and personal linen and makes oh, so comfortable, a young girl who has been confined to her bed for many months, we listen to the story of the family and shop.

"For 26 years we have lived right here, nurse. Yes, right on this gully-bank. Down on that bank is where I got the bricks to raise Ruthie's bed—some to save my back and some to save nurse. Oh, yes, I'm a Yankee or I'd never a thought o' that! Yes, I do try to keep Ruthie's room less cluttered than the shop. Pa did some printing and sold things when he was sober, but he got so bad for drink there wasn't much business. Then, 'long

toward the last, you know, they took him to the Work house—the Juvenile Court did—but when he was there a while, they sent him to Newburgh and you know, he died there last July.

“Oh yes, we get on all right—don’t have extra much sometimes. You see, Ruthie being sick and havin’ to give up work, made it hard, but we take good keer o’ her, don’t we Ruthie? Then, I still sell things sometimes. The little boy does errands. Then, you know, those diplomas on the wall are all Archie’s. You know, Archibald is uncommon smart, if he *is* my boy. Honest, nurse, that boy don’t think o’ nothin’ but work and books. He finished a business course in 8 months and 7 days that takes most boys a full year to do. Yes, he’s awful good to Ruthie and me and the children. You know, there’s a boy and a girl younger ’n him. Oh, he’s assistant chemist in that big factory out on ——— Street and has fair show for a raise too. Are you all through nurse? Well, never mind about the things, I’ll put ’em away, and I guess I’d better get back to my washing, too. Them tubs don’t seem to empty very fast themselves. You’ll be sure to come again in three days, won’t you, nurse? Well, a’right. Good-bye”

Here the nurse quietly leaves directions about the open window and simple care and slips away realizing that much can be done for Archibald through the nurse in the factory where the boy prodigy works.

News Notes

A meeting of great interest to all nurses was held in New York city on February 20th at the Colony Club.

Dr. Hermann Biggs, State Commissioner of Health, Professor C. E. A. Winslow, Curator Public Health of American Museum of National History, Miss Lilian D. Wald, Henry Street Settlement, Dr. Winford H. Smith, Medical Superintendent Johns Hopkins Hospital and Dr. John H. Finley, Commissioner of Education and President of the University of the State of New York, were the announced speakers. The object of the meeting was to fortify the body of reasonable opinion which holds that in the interest of public health a definite standard of training must be demanded of all such women as call themselves nurses and who practice as such and that this standard must be assured the protection which legislation has the authority to enact and the State the power to enforce.

This meeting possesses an especial significance for persons well acquainted with the life of New York city, inasmuch as the Colony Club members under whose auspices and at whose invitation the meeting was held are persons of exceptional importance among that class of citizens from whom the support of our private institutions is largely derived. Added to this significance is the further fact that these women are closely associated in a voluntary capacity with training schools and social service committees in New York City's hospitals. It can be well understood that an audience representing not only the power of wealth but of active participation in the work which wealth endows, together with the personal and official importance of the speakers, would make such a meeting an eventful one in the history of the present campaign for a recognized nursing standard in New York State.

Applications for corporate membership in the National Organization for Public Health Nursing have been received from the Board of Education of Green Bay, Wisconsin, and the Associations of Graduate Nurses of Rhode Island and Virginia.

Some highly important appointments have recently been made in the Department of Nursing and Health, Teachers' College, by which its work will be greatly strengthened.

Professor C. E. A. Winslow who has the past four years been Lecturer on the staff has been appointed Associate in Sanitary Science and will devote in future much more time to our work than he has hitherto been free to give. His regular courses in Municipal Sanitation and Industrial Hygiene will be considerably enlarged and an entirely new course in Public Health Administration will be offered. His work extends beyond our Department, and is meant to include not only nurses, but others wishing to specialize in Sanitary Inspection and other forms of Public Health work.

Miss Anne W. Goodrich, recently Inspector of Training Schools of the State of New York, was appointed Assistant Professor Nursing and Health last year, but did not enter upon her duties at the College until February 1st, 1914, the beginning of the second half-year. Miss Goodrich is quite too well known throughout the country to need any comment, and we feel that we are greatly to be congratulated in having brought to our staff a woman whose extensive experience in hospital and training school work has given her an exceptionally intimate knowledge of their problems.

The third appointment is in the division of Public Health Nursing in which Miss Anne Hervey Strong has been appointed Instructor. Miss Strong is a graduate of Bryn Mawr College and of the Albany Hospital Training School, where she remained after graduation

as supervisor and instructor. She has spent some time at the Henry Street Settlement and is deeply interested in the Public Health work of nurses. Miss Strong is now Assistant Principal of a private school in Providence, a position which she resigns in May to begin work at the College in September. For the coming year she will give part time to the College, assuming her full duties in the Department in the following year.

The regular permanent staff of the Department now includes two professors and two instructors and several lecturers on special subjects.

The Memorial Hospital at Richmond, Virginia announces the establishment of a course in public health and social service work for its pupil nurses. The Quarterly would be interested to receive news of any similar courses offered by hospitals, or of any arrangements made between hospitals and Public Health Nursing associations by which student nurses have the opportunity of short courses in field work or lectures or both under the supervision of local associations in any part of the country.

As a result of the recent Ohio school survey it is planned to launch a state-wide movement for more careful supervision of the health of children attending rural and village schools.

The school survey commission found that the health of pupils in the rural schools is not cared for as it is in the larger and more important city school districts. Consequently it is proposed to extend a modified form of medical and dental supervision practiced in city schools to rural school districts.

This plan has the hearty support of state school authorities, the State Board of Health, the Ohio State Medical Association, and the Ohio State Dental Society, as well as the co-operation of other health organizations.

The plan recommended provides that teachers in more remote school districts shall act as medical and

dental inspectors where the school board is not willing or able financially to employ school physicians and dentists.

In such places every teacher will be supplied with a list of form questions. These questions will relate to teeth, eyes, tonsils, ears, nervous condition, mentality and similar subjects. A full report is to be made in the case of each child to his or her parents with a recommendation that the family physician or dentist be consulted.

In the survey of the public health situation in Atlanta, Ga., made by the Russell Sage Foundation, it was found that though there is inadequate care of the health of the white population, there is no attention paid to contagious diseases among the Negroes, and no isolation facilities open to them. This, though the death rate of the black is in general higher than that of the white man and he is oftener afflicted with tuberculosis and certain other communicable diseases.

The W. C. T. U. Settlement School for the mountain whites in Hindman, Kentucky, has now an educational nurse working in the outlying country. She teaches in several district schools as well as in the Settlement school, the state laws concerning health and disease, gives demonstrated lessons in the home care of the sick, cooking for the sick, first aid work, a class for mothers' helpers, the care of children to children, and health drills for little children.

Miss Butler, the nurse in charge of this work, also gave a month's initiation in local needs and conditions to the two nurses who are beginning the Rural Work of the National Red Cross Association in the Virginia Mountains and in Hazard, Ky.

The Federal Government has established a dispensary for the treatment of Trachoma at Hindman, Knott Co, Kentucky. Great need for work of this sort was well shown in the article by Dr. J. A. Stucky in the January 1913 number of this Quarterly.

The District Nurse Association of Ansonia, Derby, and Shelton, Conn., held its annual meeting on March fifth. The address was given by Miss Ella Phillips Crandall. This association is an admirable example of co-operative Public Health work as it represents the efforts of three small cities in the Naugatuck Valley.

The Annual Meeting of the Los Angeles Public Health Nurses Club was held on December 13, 1913. The City Health Commissioner talked on "Public Health Nursing," and one of the School Physicians reported on the Congress of School Hygiene held in Buffalo.

The chairman of the Finance Committee of the National Organization for Public Health Nursing, Mrs. James L. Houghteling, reports that the organization of the state finance committee in Rhode Island furnishes a model worthy of imitation in other states. Its purpose—to interest nursing associations, nurses and laymen in the work of the National Organization—has been effected by creating a large committee, of nineteen members, representing all the nursing associations in the state.

Several meetings have been held during the winter. On March 16 the committee of nineteen united with the Visiting Nurse Club of Rhode Island, and invited the managers of all the state Public Health Nursing associations, all nurses engaged in such work, and all hospital superintendents and nurses to meet Miss Gardner, the President of the National Organization, and Miss Crandall, the Executive Secretary, in the Library of the Medical Society in Providence. Tea was served after an informal program and a stimulating discussion of common problems.

The American Red Cross Town and Country Nursing Service has prepared an exhibit of the work done by its agents of which the following account is abridged from the complete and interesting suggestions for press notices furnished by the service:

The service of the visiting nurse, that which she has

proved herself capable of rendering in many towns and rural districts of this country, is the text of the story told in a unique exhibit of photographs and illustrations prepared by the American Red Cross, showing a day with a typical town and country nurse.

The exhibit consists of six cabinets resembling a five-leafed Japanese screen. On each cabinet a particular function of the visiting nurse is pictured and explained; and each leaf bears its share of pictures, or tersely written explanatory text.

The first cabinet introduces "Miss Friend," a Red Cross Town and Country nurse; faithful "Old Danbury," Miss Friend's horse; the school boys who help Miss Friend in many ways; and her intimate and ally, the school teacher. With the pictures that show the characters is a bit of text, explaining how Miss Friend came to be employed by the citizens of Littletown through the Town and Country Nursing Service of the American Red Cross.

In the second cabinet are pictures that vividly portray the first hours of Miss Friend's average day's work. They show her receiving the emergency call that made an early morning visit to a nearby farm-house necessary, attending the case until the doctor's arrival; and accomplishing other services after leaving the farm-house. These duties included a word of advice to a certain careless family concerning the disposition of garbage; and Miss Friend's by-weekly talk to the school children on hygiene.

The third cabinet is devoted to the full story of Miss Friend's work with the school children. The photographs show her instructing the boys and girls as to the necessity and right way of brushing teeth; and washing the hands. They picture her testing the children's eye sight; and they show how, through her keen observation, a little girl threatened with what appeared to be diphtheria, was taken from dangerous proximity with the other school children.

The photographs in the fourth cabinet are particularly interesting for the women folk, for they indicate the value

of Miss Friend's work at the Littletown baby clinic. Some of the features of this cabinet are: weighing the baby; diet prescription by the town doctor, who works at the clinic with Miss Friend as his first lieutenant; dressing the baby properly; and dangers to be avoided by mothers.

The afternoon visits and office hour work of Miss Friend are illustrated in the fifth cabinet. Here Miss Friend is shown in her office attending to slight injuries—a type of work Miss Friend can do without the doctor's aid. Other pictures show Miss Friend making her regular rounds; they tell, more clearly than could be indicated in type, how Miss Friend aided a tuberculosis sufferer; how she brought good cheer to an old woman confined to her home with a broken arm; and how she performed innumerable minor but valuable services for sick folks.

The last cabinet brings the visitor to the end of Miss Friend's day. The pictures show how she spent part of her afternoon, directing a "brigade" of school boys in a "clean street" campaign; how she helped arrange a room so that sunlight and fresh air replaced darkness and dirt; and how Miss Friend instructed the young women of Littletown, through the "Friendly Hour Club," in hygiene, care of the home, dietetics and household economy.

A Letter to the Editor

To The Editor:—

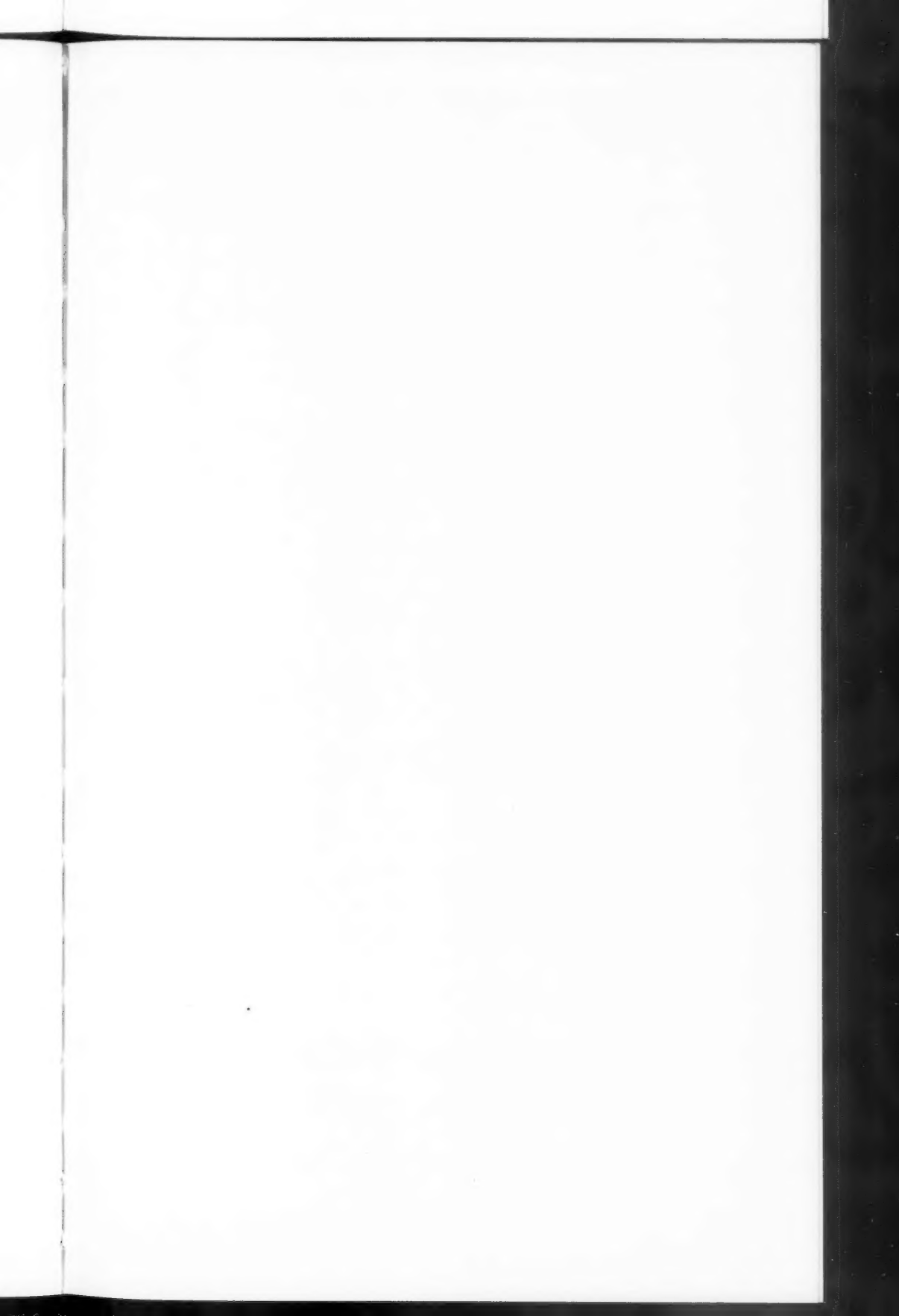
Why do not the public health promoters do something to stop the pernicious custom of brushing passengers in Pullman coaches? I have seen the Public Health officer of a big city and the head nurse of a medical dispensary stand up and have the dust transferred from their garments to those of their fellow passengers. When I asked the nurse why she permitted herself to be brushed in the midst of other passengers she said she had never given it a thought.

For years I have periodically appealed to our State Health Officer and to local physicians interested in public health matters; but the practice goes on unchecked. The Pullman Company have some rules compelling the porter to do the brushing in the little hall. How nice for the passengers in either end of the coach! When I have asked a porter whether the rule does not require him to brush in the hall, he usually answers "Yes, if the question is raised," or "Yes, if there is a full house." Why should not Pullman coaches be equipped with pneumatic apparatus, the same as other up-to-date institutions?

If all the nurses going to the St. Louis Convention this spring would refuse to permit this practice, there would be some sentiment raised against it.

East Cleveland, Ohio. S. LOUISE PATTESON.

March 11, 1914.





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Contributors to the July Quarterly.

Elizabeth G. Fox ("One Visiting Nurse's Impressions of the Conference"), is already known to the readers of the Quarterly as the Superintendent of Public Health Nursing in Dayton, where she is trying out the plan of making each nurse responsible for all kinds of public health nursing work in a small district.

Mary S. Gardner ("President's Address"), Superintendent of the Providence District Nursing Association, needs no introduction to members of the National Organization for Public Health Nursing, of which she is the presiding officer, nor to readers of the Quarterly, to whose pages she has frequently contributed.

Frederick L. Hoffman ("Practical Statistics of Public Health Nursing and Community Sickness Experience"), Statistician of the Prudential Insurance Company of America, is an authority previously quoted in the Quarterly.

M. Adelaide Nutting ("Responsibility of Trustees"), is the Director of the Department of Nursing and Health, Teachers' College, Columbia University, New York, and was formerly Superintendent of Nurses and Principal of Training School of Johns Hopkins Hospital, Baltimore, Md.

S. Lillian Clayton ("The Responsibility of the Training School for the Education of the Public Health Nurse"), recently appointed Educational Director of the Illinois Training School, Chicago, was Superintendent of the Training School of Minneapolis City Hospital from 1911 to 1914, and was for seven years Assistant Superintendent of Hospital and Training School, Miami Valley Hospital, Dayton, O.

Contributors to the July Quarterly.

(Continued.)

Roger N. Baldwin ("Civic Control of Public Health Nursing"), is the Secretary of the St. Louis Civic League, a citizens' organization for good government, composed of 2,000 men and women. Mr. Baldwin was formerly Chief Probation Officer of the St. Louis Juvenile Court, and head of the Department of Sociology at Washington University.

William Alexander Field ("Civic Control of Public Health Nursing"), has been General Superintendent of the South Works of the Illinois Steel Company for the last eleven years and in that capacity is the executive head of an organization of about 9,000 men, whose training and development have given this steel plant the name of "University of South Chicago."

Arthur H. Young ("Industrial Welfare Nursing"), Supervisor of Labor and Safety, Illinois Steel Company, South Works, South Chicago, presents his subject from the viewpoint of a business man who has detailed responsibility in safeguarding the lives and health of the employees of a large industrial organization, famous for "safety first."

Caroline Wilks ("An Effort to Reach the Public"), is the Staff Superintendent of the Instructive District Nursing Association of Boston, and was for nine years Assistant Superintendent and Principal of the Training School at Salem Hospital, Salem, Mass.

Annie Earley ("Pietro" and "159 R..... Street"), is Supervising General Nurse in the Providence District Nursing Association.

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THE Public Health Nurse Quarterly

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Published in January, April, July and October,
by the NATIONAL ORGANIZATION FOR
PUBLIC HEALTH NURSING.

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Regular subscription price.....\$1.00

American Journal of Nursing and }\$2.50
Public Health Nurse Quarterly }

Club rates: { 20 subscriptions at \$.75 each
 { 40 subscriptions at \$.50 each

Advertising Rates may be had upon application.

Entered as second class matter, June 23rd, 1909, at Cleveland, Ohio, under Act of March 3rd, 1896.



MISS LILLIAN D. WALD
First President of the National Organization for Public Health Nursing—
now its Honorary President